# ANDERSON EXHIBIT 16

**UNITED STATES DISTRICT COURT**
**FOR THE DISTRICT OF MASSACHUSETTS**

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| IN RE: PHARMACEUTICAL INDUSTRY AVERAGE WHOLESALE PRICE LITIGATION | ) | MDL NO. 1456 |
| | ) | CIVIL ACTION: 01-CV-12257-PBS |
| | ) | Judge Patti B. Saris |
| THIS DOCUMENT RELATES TO *U.S. ex rel. Ven-A-Care of the Florida Keys, Inc., Zachary T. Bentley, and T. Mark Jones v. Abbott Laboratories, Inc.*, No. 07-CV-11618-PBS | ) | Magistrate Judge Marianne B. Bowler |

# EXPERT REPORT OF MARK G. DUGGAN, PH.D

**Executive Summary**

1. This Report calculates a **$15.559 million difference** between (1) what the federal government reimbursed for certain pharmaceutical products dispensed to Medicaid recipients during the 1994Q1 to 2008Q1 period and (2) what the federal government would have reimbursed for the same products during the same time period if prices reflective of the actual prices at which Abbott was transacting business had been used for the AWP, WAC, and Direct Price of Abbott products. The report analyzes Abbott internal transaction data from the relevant time period, as well as paid claims data from the Medicaid program. The $15.559 million difference does not include the $11.258 million impact on state governments' Medicaid spending.

2. The Report also calculates that **3.860 million payments to health care providers would have been lower and 8.641 million claims would have had lower Medicaid spending** had alternative prices been used for the AWP, WAC, and Direct Price of certain Abbott products during the relevant time period.

3. The empirical methods that I employed to calculate Abbott prices for the subject drugs are consistent with those that I and other economists typically perform in academic research. Additionally, the empirical methods that I used for calculating the payment amounts that the Medicaid program would have made are consistent with those that I and other economists typically perform. And finally, the empirical methods that I used to extrapolate my results from a sample of state Medicaid programs to other state Medicaid programs are also consistent with those used by myself and other economists. The empirical methods that I employed and the assumptions that I made are set forth in exacting detail in the Report so that my results can be

replicated and so that any changes in data or assumptions about the data can be readily accommodated in the analysis.

4. At various stages in my analysis – indeed at virtually every step where I believed that there were two or more acceptable ways to proceed in analyzing the Abbott and Medicaid data – I deliberately chose the conservative approach, that is, the approach that minimized the dollar difference and the number of provider payments and claims reported in the preceding table.

5. All of my conclusions were reached using methods that are accepted within the field of economics. I hold these conclusions with a reasonable degree of professional certainty.

**I. Qualifications**

My name is Mark G. Duggan. I am a Professor in the Department of Economics at the University of Maryland, College Park. I received my Bachelor of Science in Electrical Engineering from M.I.T. in 1992 and my Master of Science in Electrical Engineering from M.I.T. in 1994. I obtained my doctorate in Economics from Harvard University in 1999.

I was an Assistant Professor in the University of Chicago's Department of Economics and a Visiting Assistant Professor in M.I.T.'s Department of Economics before joining the University of Maryland's Department of Economics in 2003. I was awarded a two-year Alfred P. Sloan Foundation Fellowship in 2004, an award that is made each year to only six to eight economists who are selected from those in the entire profession who are within six years of receiving their Ph.D.

I have served on several committees at the University of Maryland and have received teaching and/or advising awards at Harvard University, M.I.T., the University of Chicago, and the University of Maryland. I have served as an advisor to approximately 25 Ph.D. students at the University of Chicago and the University of Maryland, with recent advisees of mine accepting positions at the College of William and Mary, Cornell University, Syracuse University, University of Houston, the World Bank, and Northwestern University.

My professional activities include serving as a Research Associate at the National Bureau of Economic Research in the Health Care and Public Economics programs. I was also recently a Visiting Fellow at the Brookings Institution and I am a member of the American Economic Association and the American Society of Health Economists. I serve as an Associate Editor of the *Journal of Public Economics* and on the Board of Editors of the *American Economic Journal: Economic Policy*. I have been the Principal or co-Principal Investigator on numerous research grants, including current ones from the National Science Foundation and the Social Security Administration. The National Science Foundation funded grant is for a project with Fiona Scott Morton, Ph.D. and is titled "Government Procurement of Pharmaceuticals."

I have published fifteen papers in peer-reviewed journals and have presented my research at numerous professional conferences and at dozens of academic institutions including Columbia University, Harvard University, M.I.T., Princeton University, Stanford University, the University of Chicago, Yale University, and many others. One paper of mine was published as the lead article in the January 2005 issue of the *Journal of Health Economics* and was titled "Do New Prescription Drugs Pay for Themselves? The Case of Second Generation Antipsychotics." Another recent paper, jointly authored with Dr. Scott Morton, was titled "The Distortionary Effects of Government Procurement: Evidence for Medicaid Prescription Drug Purchasing" and

was published as the lead article in the February 2006 issue of the *Quarterly Journal of Economics*. A more recent paper of mine on the Supplemental Security Income program, jointly authored with my colleague Melissa Kearney, Ph.D. and published in the Autumn 2007 issue of the *Journal of Policy Analysis and Management*, received the Raymond Vernon Memorial Prize for being voted the best research article in that journal in 2007.

Other papers of mine that focus on the Medicaid program have been published in some of the leading journals of my profession, including the *Journal of Public Economics*, the *Quarterly Journal of Economics*, and the *RAND Journal of Economics*. I have published empirically-oriented papers on other topics in leading journals including the *American Economic Review*, *Forum for Health Economics and Policy*, *Journal of Economic Perspectives*, *Journal of Law and Economics*, *Journal of Political Economy*, *Journal of Policy Analysis and Management*, and the *Journal of Public Economics*.

My research is empirically oriented and focuses on the impact of government expenditure programs such as Medicaid, Medicare, and Social Security. I have conducted several studies in which I apply advanced quantitative methods to large-scale data sets to investigate questions in applied microeconomics that are of interest to academics and policymakers. A central issue in most of these studies is determining whether a causal relationship exists between one variable and another. For example, in my *Journal of Health Economics* paper on pharmaceutical treatments, I investigate the impact of certain new treatments on Medicaid spending and health outcomes.

Much of this work has included the aggregation of highly complex encounter level data to the individual level, which is then often merged with other data. For example in my paper "Does Contracting Out Increase the Efficiency of Government Programs? Evidence for Medicaid

HMOs," which was published in the *Journal of Public Economics*, I aggregate Medicaid claims and expenditure data to the individual level and then merge this with data on individual-level HMO enrollment. Similarly in my paper "The Impact of Medicare Part D on Pharmaceutical Prices and Utilization" with Dr. Scott Morton that is forthcoming in the *American Economic Review*, I utilize encounter level data from the Medical Expenditure Panel Survey to estimate the "Medicare market share" for every one of the top 1000 drugs in the U.S.

In carrying out this research, I have followed the methods that are generally applied and accepted in my profession to ensure that the data sets that are constructed are as accurate as possible. I have then applied the most appropriate microeconometric methods to investigate causal relationships. For example, in the *Journal of Health Economics* paper referred to above, I utilize instrumental variable methods to estimate the effect of new pharmaceutical treatments on Medicaid expenditures. In the *Journal of Public Economics* paper referred to above on Medicaid managed care, I utilize a differences-in-differences methodology that exploits the differential timing of county level Medicaid managed care mandates to estimate the effect of HMOs on Medicaid expenditures. And in the paper with Dr. Scott Morton "The Distortionary Effects of Government Procurement: Evidence for Medicaid Prescription Drug Purchasing," which was published in the *Quarterly Journal of Economics*, we estimate multivariate regression models that are grounded in economic theory to estimate the effect of Medicaid market shares on pharmaceutical prices. In all three of these papers, I essentially estimate the effect of one explanatory variable of interest (e.g. use of a particular treatment) on an outcome variable (e.g. Medicaid expenditures) while holding other factors constant.

The most appropriate methodologies for the construction of data sets and the analysis of these data sets depend on many factors. My training and experience as an economist have

provided me with a diverse arsenal of microeconometric methods and an understanding of how optimally to respond to the many obstacles that one confronts when analyzing and processing multiple complex large scale data sets in the same project.

**II. Overview**

In this report I use data from several different sources to determine the amount by which spending by the federal-state Medicaid program would have changed if alternative values had been used for Abbott products' Average Wholesale Prices (AWPs), Wholesaler Acquisition Costs (WACs), and Direct Prices (DPs). For my analyses, I focus on the 43 NDCs listed in the Relator's Complaint on behalf of the United States (hereafter Complaint).

In the first two main sections, I provide a detailed description of Abbott's direct and indirect transaction data. I consider how Abbott's sales and prices vary across products, over time, across classes of trade, and across transaction types. I also provide comparisons of Abbott's actual transaction prices and the AWPs, WACs, and DPs published by pricing compendia such as First DataBank (FDB) and Red Book.

For example, Figure 1 displays the average price for all customers in Abbott's direct transaction data in each quarter from 1994Q1 to 2007Q4 for the Erythromycin 74632013 product, which is a natural one to focus on given that it accounts for more Medicaid spending than any other Complaint NDC. The Figure also depicts the FDB Average Wholesale Price (AWP) and FDB Wholesaler Acquisition Cost (WAC) for that same product in each quarter. As the Figure reveals, the discrepancy between actual and published prices was quite steady for the first 9.5 years of the study period. More specifically, the AWP was on average approximately 3.5 times the actual average price while the WAC was approximately 3.0 times the actual

average price. In the third quarter of 2003, Abbott's average price for this product approximately doubled, which reduced but did not eliminate the discrepancy.

Figure 2 displays a similar pair of series for the pharmacy-specific average price in Abbott's indirect transaction data, which represent sales of Abbott products to pharmacies by wholesalers and distributors, versus the FDB AWP and FDB WAC in each quarter. As the figure demonstrates, the trajectory of Abbot's average price to pharmacies in the indirect data during this period is quite similar to the corresponding one for all customers observed in Abbott's direct data.

Using Abbott's direct and indirect transaction data, I determine how spending by the Medicaid program would have changed if alternative price statistics had been used for the AWP, WAC, and DP when adjudicating claims for both programs.[1] For example, I replace the WAC by the average pharmacy-specific price in Abbott's indirect transaction data, and determine how spending by Medicaid programs that use the WAC would have changed if this alternative price had been used. This average price will overstate the actual average cost to wholesalers and distributors of acquiring Abbott products because it does not include wholesalers' prompt pay discounts, for example. Additionally, by focusing on the pharmacy classes of trade rather than considering the average price to wholesalers of acquiring products for all classes of trade, the discrepancy between actual and published prices will tend to be lower. This is because – as I demonstrate below - pharmacy prices in both Abbott's direct and indirect transaction data tend to exceed prices to other customers.

An examination of the published prices for the Abbott products listed in the Complaint indicates that the AWP for most of the period is typically 125 percent of the WAC. My own

[1] It is my understanding that the prices published by First DataBank and other pricing compendia such as Red Book are based on price representations by Abbott.

analysis of Abbott's indirect and direct transaction data reveals the difference between the price at which wholesalers and distributors acquire Abbott products and the corresponding price at which they sell the products is on average much less than 25 percent. Despite this, I take the conservative approach of replacing the AWP with 125 percent of the average pharmacy indirect price for each NDC in each quarter, and determine how spending by the Medicaid and Medicare programs would have changed if these alternative prices had been used when adjudicating claims for both programs. I do the same for the Direct Price, though in this case I replace it with Abbott's average, pharmacy-specific price in the direct transaction data.

There are approximately 11.051 million NDC-based Medicaid claims for the Abbott products listed in the Complaint. In the analyses below, I find that Medicaid spending for 8.641 million of these claims (78.2 percent) would have been lower if the alternative prices described above had been used for the AWP, WAC, and DP. Similarly, my results indicate that there were 3.860 million payments to pharmacies and other health care providers with at least one NDC-based Medicaid claim that would have been paid at a lower amount. Additionally, I find that Medicaid spending would have been lower by $26.817 million, with this representing 24.4 percent of the $110.010 million in spending for these products during the 1994Q1 to 2008Q1 period. Because Medicaid is financed both by the federal government and by the individual state governments, part of this spending represents that paid by state governments. I determine that the federal share of the $26.817 million is $15.559 million.

**III. Abbott's Direct Transaction Data**

The first main set of data that I use in my analysis was provided by Abbott to the relator and includes direct transaction data for products listed in the Complaint. The direct transaction

data includes detailed information on sales by Abbott to wholesalers, distributors, hospitals, pharmacies, and many other types of health care providers. Data was provided for transactions occurring during the 1994 through 2007 calendar years.

In this section, I describe Abbott's direct transaction data. In preparing this, I have drawn on the deposition of Bruce Stowell, other documents including many provided by Abbott, and my own analysis of the Abbott data.

*A. The Breakdown by Product and Time Period*

Table 1 provides an initial summary of the Abbott direct transaction data used in my analyses by listing the number of observations along with several other pieces of information for each product. The identifier used for each product is the national drug code (NDC), all 43 of which are listed in the Complaint. As the second column of this table shows, there exists substantial variation across products in the number of transactions, ranging from a high of 704,963 (for 74632013) to a low of 479 (for 74630430). The total number of observations is 5,642,156, with all 43 products represented.[2]

The fourth column of Table 1 lists total sales (EXTPRICE) exclusive of chargebacks in thousands of dollars for each NDC, with the sum of this variable across all observations equal to $545.236 million.[3] The next column in the same table lists the sum of all chargebacks for each NDC. Aggregated across all observations, total chargebacks in the direct transaction data for the products in the Complaint are equal to $91.696 million. The sixth column lists total sales

[2] I exclude the 227,309 transactions that are product returns from this table because, according to the Stowell deposition, their units may not be consistent with those for other transactions. These returns, which have instruction codes between 60 and 64 inclusive, account for (minus) $7.227 million, which represents 1.6 percent of the $446.312 million in total sales for Complaint products during this period.

[3] See Stowell Exhibit 13 for a list of the variable names and Stowell Exhibit 14 for a list of the variable labels. The EXTPRICE variable was also in some cases labeled LN-XTN (for line extension). For the purposes of this report, I use the terms revenues and sales interchangeably.

(EXTPRICE) including chargebacks and the seventh and final column lists the average per-package price for each NDC. To calculate this average price, I divide the sum of total sales (including chargebacks) for each NDC by the sum of the total quantity (ICQTY) transacted for that NDC.

The final two columns of the table compare this average per-package price with Abbott's Direct Price and Average Wholesale Price (as published by First DataBank) in effect during the fourth quarter of 2000, which is roughly halfway through the period for which Abbott provided direct transaction data. Specifically, in the eighth column I report the ratio of the First DataBank Direct Price in the fourth quarter of 2000 to Abbott's average price during the 14-year period, while in the ninth column I report the analogous ratio using the FDB Average Wholesale Price (AWP) in the fourth quarter of 2000 in the numerator.

As the values in these two columns demonstrate, the published prices for the 43 Complaint products in all cases exceed the actual average prices. For example, the ratio of the FDB Direct Price to Abbott's actual average price for the 74632013 NDC, which accounts for more Medicaid spending than any other during the time period of interest, is 2.80. More specifically, the published Direct Price for this product was $31.21 versus an actual average price of $11.16. The disparity between Abbott's published AWP and this actual average price is even greater, with a ratio of 3.32 to 1.

Considering all 43 Complaint products, the average ratio of the published Direct Price to the Abbott's actual average price is 2.39 to 1 and the corresponding average ratio of the AWP to the actual average price is 2.84 to 1. While I examine this issue more thoroughly in the analyses that follow, this first-pass comparison suggests that the published prices for the Abbott products

in the Complaint exceeded their actual transaction prices by an average of approximately 139 percent for the published Direct Price and by 184 percent for the published AWP.

Table 2 lists the number of observations, total sales, and total chargebacks by year and quarter in the direct data during the fourteen year period from 1994Q1 to 2007Q4. The final column of the table lists the number of NDCs with one or more direct transactions in that quarter. In each quarter from 1995Q3 to 2001Q2, all 43 products are included in Abbott's direct data, though this declines steadily during the subsequent six years.

*B. The Instruction and Transaction Codes*

There are many different types of transactions that are included in the direct data, and these are described in Abbott's COP Transaction Matrix (Stowell Exhibit 28).[4] The final two columns of this matrix provide numerical values for the instruction code and the transaction code, both of which are included in the direct data. For example the first row of this matrix lists a "normal billing" transaction, which would have an instruction code of 0 and a transaction code of 1. The last row of this same table lists the "chargeback" transaction, which has a missing instruction code. As Table 3 shows, this latter transaction type is the most common one for the products in the Complaint, accounting for 77.1 percent of the 5.642 million transactions.

Table 3 lists 18 other transaction types, which are sorted in descending order of total net sales across all 43 products. The final two columns of this table list the instruction and transaction codes for each row. Many of the transactions listed in the COP Transaction Matrix do not appear in the direct data and thus I do not include them. Transaction types with an instruction code between 0 and 18 are labeled as debits in the COP Transaction Matrix whereas

[4] A shorter version of this information is also contained in Stowell Exhibit 16.

those between 60 and 90 and the blank instruction code are labeled as credits. The one category that is not summarized in this table are returns, which have instruction codes from 60 to 64.

I include virtually all of the transaction types that appear in Abbott's direct transaction data when calculating average prices and related price statistics in my subsequent analyses. For example, in addition to normal billing transactions, I consider manual splits, price adjustments, and additional product charge transactions. However, because Mr. Stowell noted in his deposition that the units for returns might not be comparable, I exclude them. These returns account for just 1.6 percent of total net sales.

*C. Customer Class of Trade*

Among the more than 50 variables included in the direct data is one that can be used to determine the customer's class of trade (CLAS), which are listed in Exhibit 15 of Mr. Stowell's deposition. Table 4 lists the number of observations, packages sold, total net and gross sales, and total chargebacks by class of trade, which are sorted in descending order of total net sales. Only the 14 largest classes of trade in terms of total net sales are listed, with each of these classes having at least $500 thousand in net sales during the period. The remaining 79 for which there is data are grouped into the final category. The top 14 classes of trade account for 98.8 percent of net sales and 99.0 percent of transactions in Abbott's direct data.

As this table shows, wholesalers are the most common class of trade in the direct data, accounting for 92.3 percent of transactions and 50.7 percent of net sales. Their share of transactions is much greater than their share of sales primarily because they account for virtually all of the chargeback transactions summarized in the preceding table. This class of trade also accounts for the vast majority of sales in Abbott's indirect transaction data, which I describe in

more detail in section IV. The next most common class of trade is chain pharmacy warehouse, which accounts for 40.1 percent of net sales.

An examination of the direct transaction data reveals that the price per package of a product in a specific quarter does vary to some extent across classes of trade.[5] To shed light on this issue, I calculate the class of trade specific average price for each product in every quarter and divide that by the product's overall average price in the same quarter. I then average this ratio for each class of trade across all NDC-quarter combinations, weighting by the number of transactions for the class of trade – product – quarter combination.

Given that Abbott provided data for all 43 products during the 56 quarters from 1994Q1 to 2007Q4, the maximum number of ratios for each class of trade is 2,408. When one accounts for the fact that not all products have sales in every quarter (see the sixth column of Table 2), the actual maximum number of ratios for each class of trade is 2,128. To the extent that prices tend to be lower (higher) than the average for a particular class of trade, one would expect this ratio to fall below (above) one.

The second-to-last column of Table 4 lists the average ratio of the class of trade specific price to the overall average price, with the final column listing the number of ratios for each class of trade. The average ratios of 0.967 for Chain Pharmacy Warehouse (A077) and 0.860 for Kaiser Hospital Inpatient Pharmacy (HK21) indicate that prices for these two classes of trade, which are ranked second and third, respectively, in terms of total net sales, tend to be lower than for other classes of trade. Average prices to retail pharmacies (A003) and chain pharmacies (A007) tend to exceed the overall average, with average ratios of 1.304 and 1.188, respectively. Average prices to wholesalers fall between these two ranges, with an average ratio of 1.037.

[5] I define the price to be equal to the net amount paid divided by total quantity.

*D. A Comparison of Actual and Published Prices: The Case of Erythromycin (74632013)*

Using Abbott's direct transaction data, one can calculate the average price or other price statistics such as the median or the 95th percentile for a specific product in a given time period. To calculate the average price, I first exclude all returns (instruction codes between 60 and 64 inclusive) because their units might not be comparable to the other transactions in the direct data as described above. I then aggregate net sales and quantity across all transactions. I define the time period to be a quarter (January-March, April-June, July-September, October-December) and thus the unit of observation is the NDC-quarter.[6]

The third and fourth columns of Table 5 list the First DataBank Wholesaler Acquisition Cost (hereafter WAC) and the First DataBank Direct Price (hereafter Direct Price) while the fifth column lists Abbott's actual average price for all classes of trade for the Abbott product with an NDC of 00074632013. As shown in Section V below, this Abbott product accounts for more Medicaid spending during the time period of interest than any other product included in the Complaint. In the third quarter of 1994, the average per-package price for this product was $9.43 versus a published Direct Price of $29.45. Thus the published price was more than three times greater than the average price at the beginning of the study period.

This ratio of the Direct Price to Abbott's actual average price remained fairly steady during the next nine years until Abbott's actual average price for this product approximately doubled in the third quarter of 2003. During the subsequent four years, the ratio of the published Direct Price to the actual average price fluctuated somewhat, between a minimum of 1.26 in the fourth quarter of 2005 to a maximum of 1.78 in the second quarter of 2004. These quarterly

[6] I drop any NDC-quarter observations with total net sales or total quantity that is negative. I also drop NDC-quarter-customer observations that do not have a strictly positive number of purchase units. The customer number that I use is the BILL-TO customer number.

price data – the Direct Price and Abbott's actual average price - are depicted graphically in Figure 1.

The sixth column of Table 5 lists the 95th percentile price for this same Abbott product. As the table shows, these prices are somewhat larger than the average price in each quarter and have similar trends over time. The median ratio of the 95th percentile price to the average price is 1.23. The next two columns of this same table list the total number of customers and the number of transactions in each quarter for this Abbott Erythromycin product.

In the final four columns of Table 5, I report analogous information for transactions involving only the retail pharmacy (class of trade A003), chain pharmacy (A007), and closed pharmacy (M070) classes of trade.[7] Both the level and the trend in Abbott's average and 95th percentile prices are similar for these classes of trade as for all transactions, with both price statistics on average somewhat higher for the pharmacy classes of trade.

**IV. Abbott's Indirect Transaction Data**

The second main set of data that I use in my analysis was provided by Abbott to the relator and includes indirect transaction data for products listed in the Complaint during the 1994 through 2007 calendar years. The indirect transaction data includes detailed information on sales by wholesalers to pharmacies, hospitals, and many other types of health care providers.

In this section, I describe Abbott's indirect transaction data. In preparing this, I have drawn on the testimony of Ms. Nancy Lee Carlson in her July 20, 2006 deposition, other documents including many provided by Abbott, and my own analysis of the Abbott data.

[7] The number of transactions and total net revenues for the M070 class of trade are 2,131 and $71,180, respectively. This class of trade is not listed in Table 4 because it is not one of the leading classes of trade and is therefore grouped into the "All Other" category that is summarized in the second-to-last row of the table.

*A. The Breakdown by Product and Time Period*

Table 6 provides an initial summary of the Abbott indirect transaction data used in my analyses by listing the number of observations along with several other pieces of information for each product. The identifier used for each product is the national drug code (NDC), all 43 of which are listed in the Complaint. As the second column of this table shows, there exists substantial variation across products in the number of transactions, ranging from a high of 1,439,401 (for 74632013) to a low of 231 (for 74630430). The total number of observations is approximately 8.721 million, with all 43 products represented.

The third column of Table 6 lists the total number of packages purchased by end customers for each NDC.[8] The next column in the table lists the amount paid exclusive of debits by the end customers in thousands of dollars for each NDC, with the sum of this variable across all observations equal to $175.006 million. The fifth column includes the sum of debits for each NDC while the sixth column lists the net amount paid by end customers for each NDC, which aggregated across all transactions is $170.887 million.

The seventh column lists the average per-package price for each NDC. To calculate this average price, I divide the sum of the total amount paid for each NDC by the sum of the total quantity transacted for that NDC. The eighth and final column of this table lists the AWP for the product in effect during the fourth quarter of 2000. Consistent with the pattern for the direct transaction data described above, actual average prices in Abbott's indirect data are substantially lower than the published AWPs for the same products.

Table 7 lists the number of observations, total sales, and total packages sold by year and quarter in the indirect data from 1994Q1 through 2007Q4. The final column of the table lists the

[8] While the label for this variable is "purchase units", the values are in terms of packages, which must be multiplied by the number of units per package to arrive at the number of units.

number of NDCs with one or more indirect transactions in that quarter. In the five years from 1996Q3 through 2001Q2, all 43 NDCs are represented in the indirect data in each quarter. This number then steadily declines during the next six years to its minimum of 25 in 2007Q4.

*B. End Customer Class of Trade*

Among the variables included in Abbott's indirect data is one that can be used to determine the end customer's class of trade. Table 8 lists the number of observations, total sales, and total packages sold by class of trade, which are sorted in descending order of total net sales. Only the 19 largest classes of trade with more than $1 million in total net sales are listed, with the remaining 78 for which there is data grouped into the final category. The top 19 end customer classes of trade account for 95.3 percent of total net sales and 96.9 percent of transactions in Abbott's indirect data.

As this table shows, retail pharmacies are the most common end customer class of trade in Abbott's indirect data, accounting for 40.8 percent of transactions and 36.4 percent of sales. The two next most common are Chain Pharmacy and Chain Pharmacy Warehouse, which between them account for 36.9 percent of transactions and 33.9 percent of sales.

An examination of Abbott's indirect transaction data reveals that the price per package of a product in a specific quarter does vary to some extent across classes of trade. To shed light on this issue, I calculate the class of trade specific average price for each product in every quarter and divide that by the product's overall average price in the same quarter. I then average this ratio for each class of trade across all NDC-quarter combinations, weighting by the number of transactions for the class of trade – product – quarter combination.

Given that Abbott provided data for 43 products during the 1994Q1 through 2007Q4 period, the maximum number of ratios for each class of trade is 2,408. When one accounts for the fact that not all products have sales in every quarter (see the eighth column of Table 7), the actual maximum number of ratios for each class of trade is 2,095. To the extent that prices tend to be lower (higher) than the average for a particular class of trade, one would expect this ratio to fall below (above) one.

The second-to-last column of Table 8 lists the average ratio of the class of trade specific price to the overall average price, with the final column listing the number of ratios for each class of trade. The average ratio of 0.967 for Non-Profit Hospitals indicates that prices for this class of trade tend to be lower than for other classes of trade. The same is true for Kaiser Hospital Outpatient Pharmacies (0.789), HMO Outpatient Pharmacies (0.978 for non-profits and 0.897 for for-profits), and for V.A. Hospitals (0.791. As this same table shows, average prices to Retail Pharmacies, Closed Pharmacies, and Chain Pharmacies tend to exceed the overall average price, with average ratios of 1.085, 1.097, and 1.018, respectively.

One issue with the Abbott indirect data is that there may be some sales by wholesalers of Complaint products (e.g. those that are made without an Abbott contract) that do not appear in this data. To the extent that prices for these other transactions deviate from those in Abbott's indirect data, the average price to all wholesaler customers may be different. An examination of Abbott's direct and indirect data indicates that there are approximately 20 percent fewer packages purchased from wholesalers in Abbott's indirect data than there are packages sold to wholesalers in Abbott's direct data.[9]

To investigate this issue, I compared the prices in Abbott's indirect data with the prices in the sales data for Cardinal, which as demonstrated in Table 9 is the third largest wholesaler for

[9] This calculation includes return transactions in the direct data.

Complaint products during the time period of interest. In my analyses below, I use 125 percent of Abbott's average indirect pharmacy price as the alternative AWP. Considering those 1080 NDC-quarters for which I can calculate an average price in both sets of data, 125 percent of Abbott's average indirect pharmacy price is greater than the Cardinal average price in 62.6 percent of cases (68.8 percent when weighted by sales in each NDC-quarter in Abbott's indirect data). This suggests that the alternative AWP that I use will if anything on average overstate the actual average prices paid to wholesalers for Complaint products.

*C. A Comparison of Actual and Reported Prices: The Case of Erythromycin (74632013)*

Using Abbott's indirect transaction data, one can calculate the average price or other price statistics such as the median or the 95$^{th}$ percentile for a specific product in a given time period. To calculate the average price, I aggregate total net sales and divide this by the total packages sold. I define the time period to be a quarter (January-March, April-June, July-September, October-December) and thus the unit of observation is an NDC-quarter.[10]

The third and fourth columns of Table 10 list the AWP and the actual average price in Abbott's indirect data for all end customer classes of trade for the Abbott product with an NDC of 00074632013. As shown in Section V below, this Abbott product accounts for more Medicaid spending during the time period considered than any other product included in the Complaint. In the first quarter of 1994, the average per-package price for this product in the indirect data was $6.94 versus an AWP of $34.97. Thus the AWP was 5.04 times greater than the average price at the beginning of the study period, with this ratio declining somewhat to approximately 3.97 to 1 by the first quarter of 1996.

[10] I drop any NDC-quarter observations with total net sales or total quantity that is negative. I also drop NDC-quarter-customer observations that do not have a strictly positive number of purchase units. The customer number that I use is the SHIP-TO customer number because no BILL-TO customer is present.

This ratio then remained fairly steady during the next several years and stood at 3.72 to 1 in the second quarter of 2003. This ratio declined to 1.97 to 1 in the subsequent quarter because of an almost 100 percent increase in the average price (from $9.95 to $18.80) for this product. This ratio then remained fairly steady for the next few years and never fell below 1.70.

The fifth column of this same table lists the 95$^{th}$ percentile price for this same Abbott product. As the table shows, these prices are fairly similar to though somewhat higher than the average price in each quarter and have similar trends over time. The next two columns of this same table list the total number of customers and the number of transactions in each quarter in Abbott's indirect data for this Erythromycin product.

In the final four columns of Table 10, I report similar information for transactions involving only the pharmacy classes of trade described above. Both the level and the trend in the average price are similar for these classes of trade as for all transactions, with both price statistics on average somewhat higher for the pharmacy classes of trade. For example, the average quarterly average price for the pharmacy classes of trade is $13.81 versus a corresponding average of $13.18 for all customers. The average quarterly pharmacy-specific price data for this Abbott product are depicted graphically with the corresponding AWP and WAC in Figure 2.

**V. CMS Medicaid State Drug Utilization Data**

The third main set of data that I utilize in my analysis consists of Medicaid NDC-based claims data[11] for the 43 Abbott products listed in the Complaint for the 1994Q1 through 2008Q1 period. These claims provide detailed information about drugs dispensed by pharmacies and reimbursed on an NDC basis by the Medicaid program. Before proceeding to a description of Medicaid individual-level claims data, in this section I summarize the aggregate data on NDC-

[11] This does not include Medicaid HCPCS (Healthcare Common Procedure Coding System) claims.

specific Medicaid spending and utilization that is available on the CMS website. This aggregate data provides a useful overview of how Medicaid spending varied across products, time, and states for the 43 NDCs in the Complaint during the time period of interest.

Each state administers its own Medicaid program and virtually every state provides periodic updates to CMS regarding the total number of prescriptions filled and the total amount paid for each NDC in every quarter. This information on NDC-state-quarter-specific Medicaid spending and utilization for the 1991 through 2008Q1 time period is publicly available on the CMS website at the page headed *State Drug Utilization Data* (hereafter SDUD).[12]

The information listed in Table 11 summarizes Medicaid spending and the number of NDC-based prescriptions reimbursed by Medicaid as reported on the CMS website for the 43 products listed in the Complaint from the first quarter of 1994 through and including the first quarter of 2008.[13] As the first several columns of this table show, Medicaid spending for these products varied substantially across states during this time period, from a low of $153 thousand in Wyoming to a high of $29.385 million in California.[14] The number of prescriptions reimbursed by Medicaid also varied across states, from a low of 17,401 in Washington, D.C. to a high of 2.842 million in California. Aggregating across all states, the SDUD data indicates that the total number of prescriptions filled and the amount reimbursed by Medicaid for the Complaint products during the time period of interest are equal to 10.715 million and $112.976 million, respectively.

The next four columns of Table 11 provide a breakdown of the number of prescriptions and total Medicaid spending by NDC. As the table shows, Medicaid spending varies substantially across the products listed in the Complaint, with a high of $18.556 million for the

[12] See http://www.cms.hhs.gov/MedicaidDrugRebateProgram/SDUD/list.asp.
[13] This information was downloaded from the CMS website on September 29, 2008.
[14] Arizona and Ohio are excluded from this table.

74632013 Erythromycin product discussed above and a low of $9 thousand for the 74630430. The number of prescriptions also varies substantially, with just 949 prescriptions filled for the product 74630430 compared with a high of 1.622 million for the 74632013 product.

The final four columns of Table 11 list the total number of prescriptions and total Medicaid spending in each of the 57 quarters from 1994Q1 through and including 2008Q1. Medicaid spending for the Complaint products declines fairly steadily throughout the time period, with a maximum of $4.861 million in 1994Q1 to a minimum of $570 thousand by 2007Q3. This decline is driven by the decline in the number of prescriptions filled for Complaint products, which falls by almost 90 percent from 1994Q1 to 2007Q3.

**VI. CMS Medicaid SMRF / MAX Data**

In addition to the aggregate Medicaid data described above, CMS also maintains a large amount of Medicaid claims data, much of which is summarized on the CMS website at the page with the heading *Medicaid Analytic eXtract (MAX) General Information*.[15] For the 1999 to 2004 data, the MAX data summarized at this site consists of five sets of files (person summary, inpatient hospital, long-term care, prescription drugs, and other services) for all fifty states and the District of Columbia. The prescription drug claim files are the ones that I summarize in this section. Similar data for prescription drug claims are also available for 30 states in one or more years from 1991 through 1998, with the data referred to as the State Medicaid Research Files (SMRF) during this earlier period.

Table 12A provides a summary of Medicaid spending and the number of claims for the 43 Complaint NDCs for each state from 1999 through 2004. This table also lists state-level Medicaid spending and the number of prescriptions for Complaint products during the same six-

[15] See http://www.cms.hhs.gov/MedicaidDataSourcesGenInfo/07_MAXGeneralInformation.asp.

year period as reported in the SDUD data described above. Before comparing these two sets of data, it is worth noting that my summary of the claims data is based on service dates whereas the SDUD data are based on the date of payment. Thus one would not expect an exact correspondence between the two sets of data.

As the table shows, for most of the states with relatively high Medicaid spending, there is a close correspondence between Medicaid spending in the two sets of files. For example, there is less than a two percent difference in spending for the states of Texas, New York, Illinois, Florida, Kentucky, Louisiana, and Georgia, which are ranked second through eighth in terms of Medicaid spending on Complaint products during this period. The two main exceptions among the top fifteen states are California and Tennessee, with expenditure differences of minus 15.3 percent and 22.4 percent, respectively. In the case of Tennessee, the discrepancy appears to be driven by incomplete SDUD data, which are missing for 5 of the 24 quarters.

An examination of Medicaid spending in the two data sets for the remaining states reveals that some other states have large discrepancies. In most of these cases, including the states of Arkansas, Iowa, Colorado, and Vermont, spending is greater in the MAX data, suggesting that incomplete SDUD data is the main reason for the discrepancy. But overall, there is a very close correspondence between the two data sets, with spending of $39.118 million in the SDUD data versus $38.805 million in the MAX.

Table 12B repeats this comparison for the 1996 – 1998 period. The key difference between this table and the previous one is that SMRF data (the name used from 1991 to 1998, the name MAX was used from 1999 to 2004) is only available for 28 states during this three-year period. Additionally, only two years of data are provided for the state of California. Once again, with the exception of California, there is a close correspondence between Medicaid spending in

the two data sets for states with relatively high Medicaid spending during this three-year period. For example, in Kentucky according to the SMRF data, there was $1.256 million in Medicaid spending on Complaint products from 1996 to 1998 versus $1.317 million in the SDUD data. If one excludes the states of California and Indiana (which also has a relatively large discrepancy because it has just 4 quarters of SDUD data), Medicaid spending for the remaining 27 states in the SMRF is $11.218 million versus $10.673 million in the SDUD for these same states for a difference of just 5.1 percent.

In Table 12C I report state-level SDUD Medicaid spending and prescriptions versus SMRF Medicaid spending and claims for the 1994 – 1995 period. Overall, the correspondence between the two data sets is once again quite close, with the $18.761 million in SMRF spending just 1.5 percent lower than the $19.041 million in SDUD data for the same states.

To sum up, Medicaid spending in the SDUD and SMRF/MAX data for the Complaint products from 1994 to 2004 yields a quite similar picture. And it is important to emphasize that one would not expect an exact correspondence between the two data sets given that SDUD data is summarized by payment date while SMRF/MAX data is summarized by service date.

## VII. California Medicaid

According to the CMS SDUD data, the state of California was first among all states in terms of total Medicaid spending on NDC-based claims for products listed in the Complaint during the time period considered. The California Department of Health Care Services provided the United States with Medicaid claims data[16], which included claims with service dates from March of 1994 to December of 2001.

[16] The United States in turn produced this data and the other Medicaid claims data described in this report to Abbott and to the relator.

The California Medicaid NDC-based claims data are summarized in Table 13A. There are 1,711,518 claims[17] for the Complaint NDCs, with Medicaid spending for these claims equal to $17.241 million. The first panel of this table lists the number of claims and total Medicaid spending by NDC. All but two of the 43 Complaint NDCs appear in the California Medicaid claims data. In contrast to the pattern for the U.S. as a whole, California Medicaid spending is greatest for the 74631613 NDC, which accounts for 30.4 percent of California's Medicaid spending on Complaint products.

The second panel of this same table lists the number of claims and total Medicaid spending by year and quarter. When assigning claims to time periods, I use the service date instead of, for example, the prescription date or the adjudication date. Spending peaks in the first quarter of 1996 at $1.263 million and then declines steadily along with the number of claims in the subsequent years.

*A. California Medicaid Reimbursement*

The state of California employed an adjudication formula that utilized the Direct Price for Abbott products through November 30, 2002 and then used the AWP for the remainder of the time period of interest. The Direct Price was not scaled but the AWP was scaled by 0.90 from December 2002 through August of 2004 and by 0.83 from September of 2004 through the end of the period. Through August of 2004, the dispensing fee for both brand and generic drugs was equal to $4.05,[18] with this increasing to $7.25 or $8.00, depending on the characteristics of the claim, in September of 2004.

[17] There were initially 1,873,208 claims but 161,690 of them were dropped from the sample because they represented reversals and their pairs or similar adjustments of earlier claims.
[18] In a small number of cases, this was reduced by 25 or 50 percent to $3.03 or $2.02, respectively.

In the state of California, the sum of the estimated acquisition cost and the dispensing fee was compared with the provider charged amount, with California paying the lesser of the two as specified in the following equation:

$$(1)\ PAID_{jkt} = \min\{(S_t * P_{kt} * U_{jkt}) + D_{jkt}, CHARGED_{jkt}\}$$

In this equation, $D_{jkt}$ is equal to the dispensing fee for claim j for product k in period t, $S_t$ is the scaling factor in effect in period t, $P_{kt}$ is the published price (either Direct Price or AWP) used for product k in period t, and $U_{jkt}$ is the number of units for product k on claim j in period t. For a large fraction of claims, the actual amount paid was $0.50, $0.25, or $0.10 lower than would be implied by this equation, reflecting policy-induced reductions in reimbursement amounts. In some cases, the state would use an alternative price, such as the Federal Upper Limit (FUL) or state Maximum Allowable Cost (MAC), in place of the scaled published price.[19] One of these prices would only be used if it resulted in lower Medicaid spending than in the case when the published price was used, in which case the adjudication algorithm described above was the same, except that the scaled AWP or the Direct Price would be replaced by a FUL or SMAC.

*B. The Impact of Alternative Price Parameters on California Medicaid Spending*

Of the 1,711,518 California NDC-based Medicaid claims summarized in Table 13A, there are 506 with a zero paid amount, 2,892 with a non-zero third party payment amount, and 6,682 from quarters with incomplete data. I exclude these claims from my analysis and an additional 103 observations for which I am unable to replicate the amount paid and 17 claims for which I do not have a price from the Abbott transaction data. With these changes, my final

[19] It is worth noting that I have not evaluated the effect of Abbott's published prices on the calculation of FUL or MAC prices. To the extent that lower AWPs for Abbott products would result in a lower FUL or MAC, this would lower Medicaid spending not only for Abbott products but also for other firms' products within the same drug group. This is conservative in that it will lead to a smaller overall effect of alternative Abbott AWPs on Medicaid spending in the analyses that follow.

analysis sample consists of 1,701,318 claims for Complaint products with service dates from April of 1994 through December of 2001.

I then link each claim to the NDC-quarter-specific prices described in the preceding sections to determine how the use of alternative values for the Direct Price, which was used for Abbott products throughout the 1994 to 2001 period, would have affected California Medicaid spending. Because Medicaid payments for outpatient drugs are typically made to pharmacies, I focus on the three pharmacy classes of trade (A003, A007, M070) in the Abbott transaction data. As shown in Tables 4 and 8, prices for these three classes of trade tend to exceed those for the average Abbott customer, which will tend to reduce the discrepancy between the Direct Price and the actual price of Abbott products. I further focus on Abbott's direct transaction data given that California used Abbott's FDB Direct Price throughout this period.

One issue that arises in linking the claims to the NDC-quarter price statistics is that there are no transactions for the three pharmacy classes of trade in the direct data for certain NDC-quarter combinations. In these cases, I take the maximum of the most recent previous and the closest subsequent price statistic for that NDC for the three pharmacy classes of trade. [20]

I begin with the average NDC-quarter-specific price from the direct data for the three pharmacy classes of trade to determine whether Medicaid spending for each claim would have been different if this price statistic had been used as the Direct Price in California's Medicaid adjudication calculations. I first calculate the EAC that would have been calculated if this price statistic had been used as the Direct Price and then add this to the dispensing fee that prevailed at

[20] Thus for example if I were missing transaction data for a specific product in the fourth quarter of 1996, I would take the maximum of the corresponding price statistic in the third quarter of 1996 and the first quarter of 1997. If there is only a price before or after, then I use that price, requiring that the price on either end be within one year. I use these adjacent prices for 13,368 claims. If there is still no price available, then I use the price for all customers, and this occurs for an additional 849 claims.

that time. Additionally, if the amount originally paid was equal to the provider charged amount, I must determine if the sum of the EAC and the dispensing fee fell below this amount.

Taking this algorithm to the 1,701,318 claims in my California Medicaid analysis sample, I find that Medicaid spending would have been lower for 1,658,723 (97.5 percent of the total) of them. I next define the variable $DIFFERENCE_{sjkt}$ to equal the difference between what California Medicaid actually paid and what it would otherwise have paid with this alternative price statistics s for claim j for product k in time period t. Aggregating this variable across the claims with a strictly positive value of $DIFFERENCE_{sjkt}$, I find that California Medicaid spending would have been lower by $5.006 million. This represents a reduction of 30.1 percent from the actual amount paid of $16.656 million for those claims with a strictly positive value of $DIFFERENCE_{sjkt}$ and of 29.2 percent of all Medicaid spending for claims in the analysis sample. Multiplying the total DIFFERENCE in each quarter by the federal Medicaid share in effect for the state of California in each time period, my results indicate that the federal share of this amount is $2.523 million. The total number of payments to pharmacies with one or more claims with a value of $DIFFERENCE_{sjkt}$ greater than zero is 615,590. This information is summarized in the first row of Table 13B.

One can repeat this algorithm for alternative price statistics. For example, if instead of using the pharmacy-specific average price from Abbott's direct data, I use the $95^{th}$ percentile pharmacy-specific price, the number of claims with a strictly positive value of $DIFFERENCE_{sjkt}$ is 1,116,855, the total value of DIFFERENCE is $3.040 million, and the number of pharmacy payments with at least one claim with a value of $DIFFERENCE_{sjkt}$ greater than zero is 473,280. The federal share of this DIFFERENCE is $1.538 million. All of these numbers are somewhat

lower than in the previous case, when the average price was used, given that the 95$^{th}$ percentile price typically exceeds the average price.

Similarly, if one were to scale Abbott's pharmacy-specific average price in the direct data by 1.25, the number of claims with DIFFERENCE$_{sjkt}$ greater than zero is 1.622 million (95.3 percent of the total) and the total value of DIFFERENCE is $3.636 million. The federal share of this DIFFERENCE is $1.831 million and the number of pharmacy payments with at least one claim with DIFFERENCEsjkt greater than zero is 608,131.

Instead of restricting attention to just the pharmacy classes of trade, one could consider all classes of trade in the direct data when calculating average NDC-quarter specific prices. In this instance, I once again scale the average price by 1.25. The resulting number of claims with a strictly positive value of DIFFERENCE is slightly larger in this case (1.665 million). Additionally, the sum of DIFFERENCE aggregated across all claims with a strictly positive value is larger ($4.297 million, with a federal share of $2.162 million). The number of pharmacy payments with at least one claim with a value of DIFFERENCE greater than zero is also higher in this case (616,422). In other words, all of these numbers are larger when I include all classes of trade to calculate Abbott's average NDC-quarter-specific prices.

The average prices used above essentially divide total net revenues in Abbott's direct data for an NDC in a quarter by the total quantity sold of that same product in the quarter. Thus each package sold is treated equally and therefore larger customers will tend to "matter more" when calculating the average price. An alternative would be to calculate the average per-customer price, treating every customer with strictly positive sales in the quarter equally. Using this alternative NDC-quarter specific price statistic, and once again scaling it by 1.25, the number of claims with a value of DIFFERENCE$_{sjkt}$ greater than zero declines to 1.546 million.

Similarly, the total value of $DIFFERENCE_{sjkt}$ and the number of pharmacy payments is also somewhat lower, at $2.720 million (with a federal share of $1.369 million) and 593,465, respectively. This information is summarized in Table 13B.

It is worth noting that the variation in DIFFERENCE across the five different scenarios is considerably greater than the corresponding variation for states that use the AWP or WAC in their adjudication calculations. This is largely because there is less heterogeneity in Abbott's indirect transaction data for the pharmacy classes of trade than in its direct transaction data for these same classes of trade. For example, an examination of Table 5 reveals that the 95$^{th}$ percentile pharmacy price for the 74632013 NDC is much greater than the average in Abbott's direct data during the first 2.75 years of the study period (though this is no longer true beginning in 1996Q4). There is, however, very little discrepancy between the average pharmacy price and the 95$^{th}$ percentile pharmacy price in Abbott's indirect data during that same period, as shown in Table 10.

*C. The 2002Q1 to 2004Q4 Period*

As described above, the California Medicaid claims data are incomplete after 2001Q4. According to the MAX data displayed in Table 13C, California's Medicaid program spent approximately $3.204 million on Complaint products during the 2002Q1 to 2004Q4 period. To determine the amount that the state would have paid if, for example, 125 percent of Abbott's direct pharmacy average price had been used as the Direct Price when adjudicating Medicaid claims, I take the following three-step approach for this period. First, I calculate the ratio of the total DIFFERENCE to the total amount that was actually paid for each NDC in the fourth quarter

of 2001 and call this value $DIFF\_FRAC_{j,014}$ for NDC j in the fourth quarter of 2001. This is the quarter with state claims data that is closest to the period of interest under consideration.

Rather than simply multiplying this fraction by Medicaid spending for each NDC in the subsequent three years, I account for the possibility that Abbott's published Direct Price and/or its average pharmacy price were different by applying the following two formulas to each MAX Medicaid claim for each NDC-quarter during the 2002Q1 to 2004Q4 period:

$$(2)\ DIFFERENCE_{jkt} = PAID_{jkt} * DIFF\_FRAC_{j,014} * RATIO_{j,t}$$

$$(3)\ RATIO_{j,t} = \min \{ 1.00, (DP_{j,t} / AVGPRICE_{j,t}) / (DP_{j,014} / AVGPRICE_{j,014}) \}$$

In this equation, $DIFFERENCE_{jkt}$ represents my estimate of the difference between what Medicaid spending actually was for claim k and what it would have been if 125 percent of the average direct pharmacy price had been used as the Direct Price for NDC j in quarter t. $PAID_{jkt}$ is equal to the amount of Medicaid spending for claim k for NDC j in quarter t. $RATIO_{j,t}$ is a "ratio of ratios" that accounts for the possibility that spreads may have been lower in the 2002Q1 to 2004Q4 period than they were in the fourth quarter of 2001. In calculating this, I divide the quarter specific Direct Price (DP) by the average pharmacy price in each quarter.[21] I then divide this ratio by the corresponding ratio in 2001Q4.

To the extent that the percentage spread between the Direct Price and the average pharmacy price was lower in later periods, multiplying by $RATIO_{j,t}$ will reduce $DIFF\_FRAC_{j,t}$ below the 2001 quarter 4 value. If the calculated $RATIO_{j,t}$ exceeds 1, I take the conservative approach of replacing it with 1 so as to never arrive at a value of $DIFF\_FRAC_{j,t}$ in a later period for an NDC that is greater than the 2001 quarter 4 value.[22]

[21] I do not multiply the average by 1.25 in the formula because it would appear in both the numerator and the denominator and thus cancel out.

[22] One complication to this is that California changes from using a Direct Price to an AWP on December 1, 2002. I therefore revise the formula above to utilize the AWP as opposed to the Direct Price in subsequent quarters.

Before applying this algorithm to the California MAX claims data, I first construct an analysis sample using a similar method to the one described above that used California's Medicaid claims data. Of the 639,015 claims summarized in Table 13C, I drop 2,390 with a positive other third party payment amount and 86 with an undefined RATIO as described above. I further drop 379,581 claims with a non-positive amount paid, resulting in an analysis sample of 256,958 claims with $3.182 million in Medicaid spending.

Applying the algorithm described above for all MAX claims from 2002Q1 to 2004Q4 in the sample, I calculate a total value of DIFFERENCE of $936,802, with the federal share of this equal to $484,611. I utilize an analogous algorithm[23] for the number of claims with a value of DIFFERENCE that exceeded zero and estimate that there were 214,649 out of 256,958 claims during this three-year period with a DIFFERENCE in excess of zero. My results further indicate that there are 142,579 pharmacy payments[24] with at least one claim having a DIFFERENCE greater than zero.

*D. The 2005Q1 to 2005Q3 Period*

As described above, the MAX data only extends until 2004. According to the MSIS data summarized in Table 13D, the state of California spent $830,360 on Abbott's Complaint products from 2005Q1 to 2005Q3. To estimate the total value of DIFFERENCE during this period, I utilize an algorithm that is analogous to the one described in the preceding section that used MAX data, though in this case I use MSIS data. Of the 155,990 claims summarized in

[23] I define $POSDIFF_{jkt}$ to be the probability that claim k for NDC j in quarter t has a DIFFERENCE in excess of zero. I scale the baseline (e.g. 2001Q4) value of POSDIFF for each NDC by $RATIO_{jt}$ to estimate this for each claim and then aggregate POSDIFFjkt across all claims.

[24] To estimate the number of provider payments with a value of DIFFERENCE greater than zero when using the SMRF/MAX data, I assign each claim a probability $POSDIFF_{jt}$ (defined in Section VII above) of having DIFFERENCE greater than zero and then calculate the implied number of provider payments.

Table 13D, I drop 980 with a positive other third party payment amount, 1 with an undefined RATIO as described in equation (3), and 92,881 with a non-positive amount paid. This results in an analysis sample of 62,128 claims with $934,637 in Medicaid spending.

Applying the algorithm described above on a claim-by-claim basis, I estimate that 51,651 of the claims in the sample have a value of DIFFERENCE that exceeds zero. My results further indicate that there are 32,035 pharmacy payments with at least one claim having a DIFFERENCE greater than zero and that the total value of DIFFERENCE is $263,550 ($131,775 federal), which represents 28.2 percent of California Medicaid spending on claims for Abbott's Complaint products that are in the analysis sample during this nine-month period.

*E. The 1994Q1 Period*

As described above, the California state claims data are also incomplete during the 1994Q1 period. I therefore utilize the SMRF data described above and summarized in the first panel of Table 13E. According to this table, California's Medicaid program spent $234,380 on Complaint products during this three-month period. Of the 24,575 claims in the first panel of that table, I drop 51 with a non-positive amount paid. This results in a sample of 24,524 claims with $234,380 in Medicaid spending.

I then apply an algorithm that is analogous to the ones described in the two preceding sections to the 1994Q1 SMRF data and estimate that the total value of DIFFERENCE during this period was $24,208 (federal share $12,104). My results further suggest that 19,202 of the 24,524 claims had a value of DIFFERENCE greater than zero and that there are 6,304 pharmacy payments with at least one claim with a value of DIFFERENCE greater than zero.

*F. The 2005Q4 to 2008Q1 Period*

In this final subsection, I estimate the total value of DIFFERENCE for Abbott's Complaint products during the 2005Q4 to 2008Q1 period using the SDUD data summarized in the second panel of Table 13E. As the table demonstrates, California Medicaid spent $1.346 million on the Complaint products during this period.

Applying an algorithm that is analogous to the ones described above for the MAX, SMRF, and MSIS data, my results indicate that California Medicaid spending would have been $333,327 lower if 125 percent of the average pharmacy indirect price had been used as the AWP for Abbott's Complaint products during this period. My results further suggest that 76,897 of the 106,882 California Medicaid claims for Complaint products during this 2.5 year period had a DIFFERENCE greater than zero.

Taken together, my results for California for the 1994Q1 to 2008Q1 period indicate a total value of DIFFERENCE of $5.194 million along with 1.986 million claims and at least 789,049 pharmacy payments with a value of DIFFERENCE greater than zero. The total value of DIFFERENCE represents 22.8 percent of all California Medicaid spending considered during this period and the federal share of this DIFFERENCE is $2.627 million.

**VIII. Texas Medicaid**

According to the CMS SDUD data, the state of Texas was second among all states in terms of total Medicaid spending on NDC-based claims for Complaint products during the time periods considered. The Texas Vendor Drug Program provided the United States with Medicaid claims data, which included claims with service dates from August 1994 to December 2005.

The Texas Medicaid NDC-based claims data are summarized in Table 14A. There are 569,797 claims[25] for the Complaint NDCs, during the time periods considered with Medicaid spending for these claims equal to $6.489 million. The first panel of this table lists the number of claims and total Medicaid spending by NDC. All but 13 of the 43 Complaint NDCs appear in the Texas Medicaid claims data. Consistent with the data for the U.S. as a whole, Texas Medicaid spending is greatest for the 74632013 NDC, which accounted for 12.3 percent of Texas's Medicaid spending on Complaint products.

The second panel of this same table lists the number of claims and total Medicaid spending by year and quarter. When assigning claims to time periods, I use the service date instead of, for example, the prescription date or the adjudication date. As the table indicates, there are no claims after 2005Q4 and the data prior to 1995Q4 are incomplete.

*A. Texas Medicaid Reimbursement*

To calculate the estimated acquisition cost for a pharmaceutical product billed to Medicaid during the time period of interest, the state of Texas used the lower of either the WEAC (wholesale estimated acquisition cost), DEAC (direct estimated acquisition cost), or Warehouse price and the MAC (maximum allowable cost) as its measure of estimated acquisition cost.[26] The WEAC was defined to be the lower of 89.51 percent of the AWP and 112 percent of the WAC from May of 1990 through August of 1997. Beginning in September of 1997 and through the present, the WEAC was equal to the lower of 85 percent of the AWP and 112 percent of the WAC. For certain manufacturers including Abbott, the DEAC was based on

[25] There were initially 727,165 claims but 157,368 of them were dropped from the sample because they represented reversals and their pairs or similar adjustments of earlier claims.
[26] The price that is compared to the MAC depends on the value of the cost basis submitted variable on the claim. In virtually every case for Complaint products, it is either the DEAC or the chain warehouse price rather than WEAC.

prices reported by the manufacturers to the Texas Vendor Drug program regarding the direct price to pharmacies and to chain warehouses. And in certain time periods for certain multi-source drugs, a MAC (or FUL) would be used in place of the DEAC and the WEAC because it would result in a lower amount paid.

This estimated acquisition cost was then multiplied by the number of units dispensed and added to a dispensing fee, with this sum then multiplied by a scaling factor.[27] Finally, if the pharmacy provides delivery services to its customers, a delivery fee is added (even if that particular prescription is not delivered). The calculated amount paid for claim i of drug j at pharmacy k in period t ($CAP_{ijkt}$) is captured in the following equation:

$$(4) \quad CAP_{ijkt} = S_t * [(E_{jt} * Q_i) + F_t] + D_{kt}$$

In this equation, $E_{jt}$ represents the price (e.g. WEAC, MAC, DEAC) used for product j in period t. $E_{jt}$ is indexed by j and t to capture the fact that it is specific to a product and can change over time. $Q_i$ is equal to the quantity dispensed entered on this claim. $F_t$ is the dispensing fee, which typically does not vary across drugs at a point in time. $D_{kt}$ is equal to pharmacy k's delivery fee in period t, and this would be equal to zero if the pharmacy did not offer delivery services.[28]

This equation for the calculated amount paid ($CAP_{ijkt}$) was in effect throughout the time period of interest, though the scaling factor $S_t$, the dispensing fee $F_t$, and the delivery fee $D_{kt}$ have all changed over time. For example, from the beginning of the time period of interest up through service dates of August 31, 1997, $D_{kt}$ was equal to $0.10 for pharmacy k if it provided delivery services. On September 1, 1997, this delivery fee increased to $0.15. The dispensing fee was initially equal to $4.55, then increased to $5.27 on September 1, 1997, then declined to $5.14 on

[27] Or, to use the language of the Texas VDP in their *Combined Adjudication Calculation with Pharmacy Response Format* document, it is "divided by the profit margin."

[28] If the difference between the calculated value of $CAP_{ijkt}$ and the total ingredient cost ($E_{jt} * Q_i$) exceeds $200, then $CAP_{ijkt}$ would instead be set equal to ($E_{jt} * Q_i$) + $200. In other words, the "inventory fee" is capped at $200.

October 16, 2003, and finally increased to $7.50 on September 1, 2007. And finally, the scaling factor was equal to (1 / 0.93) during the early years of the sample period, declined to (1 / 0.98) on September 1, 1997, declined again to (1 / 0.9805) on October 16, 2003, and then increased to (1 / 0.98) on September 1, 2007.

Once calculated, $CAP_{ijkt}$ is then compared with two other numbers on the pharmacy's claim request before determining the paid amount. The first of these is the usual and customary submitted amount, which is "the price the pharmacy provider most frequently charges the general public for the same drug."[29] The pharmacy is required to enter this usual and customary amount on the claim request. The second is the gross amount due, which is "the total amount for which the pharmacy is requesting payment, less any prior payments the pharmacy may have received." Pharmacies are not required to enter the gross amount due on their claim request. If the claim request is approved, the total amount paid will be equal to the minimum of $CAP_{ijkt}$, the usual and customary amount, and the gross amount due.

*B. The Impact of Alternative AWPs on Texas Medicaid Spending: 1995Q4 – 2005Q4*

Of the 569,797 claims summarized in Table 14A, there are 252 that have a non-positive paid amount or number of units, 64 with a non-zero third party payment amount, and an additional 7,224 from quarters with incomplete data. I drop these claims from my analysis sample. I then drop 132 claims with an invalid dispensing fee and 370 claims for which I do not have an average price from Abbott's indirect transaction data. These revisions leave me with a sample of 561,755 claims accounting for $6.411 million in Texas Medicaid spending.

[29] For a more detailed description of these calculations and definitions, see the Texas VDP's *Combined Adjudication Calculation with Pharmacy Response Format*.

I then apply an algorithm analogous to the one described above for the preceding states. I use 125 percent of the average pharmacy direct price as the alternative DEAC price and 125 percent of the average chain warehouse direct price as the alternative chain warehouse price.[30] Applying these alternative prices on a claim-by-claim basis, I find that the value of DIFFERENCE is strictly greater than zero for 468,577 claims, which represents 83.4 percent of the claims in the analysis sample. The total value of DIFFERENCE is equal to $1.057 million ($648,858 federal), which represents 16.5 percent of Medicaid spending for claims in the analysis sample. My results further indicate that there are 282,446 pharmacy payments that had at least one claim with a value of DIFFERENCE that exceeded zero.

*C. The 1994Q1 to 1995Q3 and 2006Q1 to 2008Q1 Periods*

As described above, the Texas Medicaid claims data is incomplete before 1995Q4 and after 2005Q4. According to the SDUD data displayed in Tables 14B and 14C, the Texas Medicaid program spent a total of $1.962 million on Complaint products from 1994Q1 to 1995Q3 and from 2006Q1 to 2008Q1. To estimate the total value of DIFFERENCE during these two periods, I utilize an algorithm that is analogous to the one described above for California.

My findings indicate that Texas Medicaid spending would have been $104,940 lower (federal share $66,551) during these before and after periods if 125 percent of Abbott's average pharmacy direct price had been used as the alternative DEAC for each NDC-quarter. My results further indicate that 73,414 of the 195,273 prescriptions during this period had a DIFFERENCE that exceeded zero.

Taken together, my results for Texas Medicaid reveal a total DIFFERENCE during the study period of $1.162 million along with 541,951 claims and at least 282,446 pharmacy

[30] Texas did not typically use the WEAC when calculating the amount paid for Abbott's Complaint products.

payments that had a DIFFERENCE that exceeded zero. The total value of DIFFERENCE represents 13.9 percent of all Texas Medicaid spending considered during the 1994Q1 to 2008Q1 period and the federal share of this DIFFERENCE is $715,408.

**IX. New York Medicaid**

According to the CMS SDUD data, the state of New York was third among all states in terms of total Medicaid spending on NDC-based claims for Complaint products during the time periods considered. The New York Office of the Attorney General provided the United States with Medicaid claims data. The data included claims with service dates from January of 1994 to July of 2007.

The New York Medicaid NDC-based claims data are summarized in Table 15A. There are 769,531 claims[31] for the Complaint NDCs, during the time periods considered with Medicaid spending for these claims equal to $8.279 million. The first panel of this table lists the number of claims and total Medicaid spending by NDC. All but five of the 43 Complaint NDCs appear in the New York Medicaid claims data. Consistent with the data for the U.S. as a whole, New York Medicaid spending is greatest for the 74632013 NDC, which accounted for 19.2 percent of New York's Medicaid spending on Complaint products.

The second panel of this same table lists the number of claims and total Medicaid spending by year and quarter. When assigning claims to time periods, I use the service date instead of, for example, the prescription date or the adjudication date. As the table shows, there are no claims after 2007Q3 and the data in that final quarter appears to be incomplete. New York

[31] There were initially 849,531 claims but 80,000 of them were dropped from the sample because they represented reversals and their pairs or similar adjustments of earlier claims.

Medicaid spending on Complaint products during the time periods considered reaches its peak in the first quarter of 1995 and declines in the subsequent years.

*A. New York Medicaid Reimbursement*

The state of New York employed an adjudication formula that utilized the AWP throughout the time period of interest. The amount by which this AWP was scaled to calculate the estimated acquisition cost (EAC) in the state's adjudication formula varied over time, with a value of 1.00 in 1994, 0.90 from January of 1995 through June of 2003, and 0.88 from July of 2003 through September of 2004. Three further adjustments were made to this scaling factor, to 0.835, 0.800, and 0.750 in October of 2004, mid-July of 2006, and July of 2007.

In 1994, the dispensing fee for generic drugs was equal to $2.60, with this increasing to $5.50 in January of 1995 and then declining to $4.50 in August of 1998. It is also worth noting that, beginning in January of 1995, there was a recipient co-pay of $0.50 (which increased to $1.00 in August 2005) for prescriptions and thus the amount paid by New York Medicaid was slightly lower than it otherwise would have been. In my analyses for New York, I account for the time period-specific adjudication algorithm when determining the amount that would have been paid if alternative values had been used for the AWP for Complaint NDCs.

If an NDC did not have a federal upper payment limit (FUL) in effect, then the sum of the EAC and the dispensing fee was compared with the provider charged amount, with New York Medicaid paying the lesser of the two (minus a co-pay of $0.50 or $1.00 in certain time periods). If instead there was a FUL in effect for product k in period t, then the paid amount was

equal to the minimum of the provider charged amount and the amount calculated using the applicable FUL, minus a co-pay of $0.50 or $1.00 in some cases.[32]

*B. The Impact of Alternative AWPs on New York Medicaid Spending: 1994Q1 – 2007Q2*

Of the 769,531 claims summarized in Table 15A, there are 168 with a non-positive number of units or with a paid amount that is equal to zero, 130 in quarters with incomplete data, and an additional 4,787 with a non-zero other third party payment amount. I drop these claims from my analysis sample. I then drop 18,342 claims for which I am unable to replicate the amount paid and 75 for which I do not have an average price from Abbott's indirect transaction data. These revisions leave me with a sample of 746,029 claims accounting for $8.175 million in New York Medicaid spending.

I then apply an algorithm analogous to the one described above for the states of California and Texas. I begin by using the average pharmacy indirect price as the alternative AWP for each NDC-quarter. Applying this alternative AWP on a claim-by-claim basis, I find that the value of DIFFERENCE is strictly greater than zero for 497,366 claims, which represents 66.7 percent of the 746,029 claims in the analysis sample.[33] The total value of DIFFERENCE is equal to $2.028 million ($1.018 million federal), which represents 24.8 percent of Medicaid spending for claims in the analysis sample. My results further indicate that there are 354,438 pharmacy payments with at least one claim with a value of DIFFERENCE that exceeded zero.

One can repeat this algorithm for alternative price statistics. For example, if instead of using the pharmacy-specific average price from Abbott's indirect data, I use the 95$^{th}$ percentile

[32] In the state of New York, in contrast to the treatment of FUL prices, a state maximum allowable cost (SMAC) price would only be used if it resulted in a lower amount paid than would result from using EAC.
[33] If there was an FUL in place for an NDC then an alternative AWP would not be used even if it would result in a lower amount paid.

pharmacy-specific price, the number of claims with a strictly positive value of $DIFFERENCE_{sjkt}$ is 495,853, the total value of DIFFERENCE is $1.983 million, and the number of pharmacy payments with at least one claim with a value of $DIFFERENCE_{sjkt}$ greater than zero is 353,300. The federal share of this DIFFERENCE is $995,556. All of these numbers are slightly lower than in the previous case, when the average price was used, given that the $95^{th}$ percentile price typically exceeds the average price.

Similarly, if one were to scale Abbott's pharmacy-specific average price in the indirect data by 1.25, the number of claims with $DIFFERENCE_{sjkt}$ greater than zero is 479,826 (64.3 percent of the total) and the total value of DIFFERENCE is $1.689 million. The federal share of this DIFFERENCE is $848,022 and the number of pharmacy payments with at least one claim with DIFFERENCEsjkt greater than zero is 341,352.

Instead of restricting attention to just the pharmacy classes of trade, one could consider all classes of trade in the direct data when calculating average NDC-quarter specific prices. In this instance, I once again scale the average price by 1.25. The resulting number of claims with a strictly positive value of DIFFERENCE is slightly larger in this case (483,524). Additionally, the sum of DIFFERENCE aggregated across all claims with a strictly positive value is larger ($1.795 million). The number of pharmacy payments with at least one claim with a value of DIFFERENCE greater than zero is also higher in this case (343,859). In other words, all of these numbers are larger when I include all classes of trade to calculate Abbott's average NDC-quarter-specific prices.

The average prices used above essentially divide total net revenues in Abbott's indirect data for an NDC in a quarter by the total quantity sold of that same product in the quarter. Thus each package sold is treated equally and therefore larger customers will tend to "matter more"

when calculating the average price. An alternative would be to calculate the average per-customer price, treating every customer with strictly positive sales in the quarter equally. Using this alternative NDC-quarter specific price statistic, and once again scaling it by 1.25, the number of claims with a value of $DIFFERENCE_{sjkt}$ greater than zero declines slightly to 480,018. Similarly, the total value of $DIFFERENCE_{sjkt}$ and the number of pharmacy payments is also somewhat lower, at $1.689 million (with a federal share of $847,938) and 341,489, respectively. This information is summarized in Table 15B.

It is worth noting that the variation across the five scenarios as displayed in Table 15B for New York, which calculates alternative prices using Abbott's indirect data is smaller than the corresponding variation for California, which calculates alternative prices that use Abbott's direct data, as shown in Table 13B. This is primarily because, as discussed above, there is less heterogeneity in prices in Abbott's indirect data for pharmacy customers than in Abbott's direct data for pharmacy customers. It is also worth noting that the vast majority of sales to pharmacies take place through wholesalers rather than directly from Abbott.

In the analyses that follow for other states' Medicaid programs, I use 125 percent of the average pharmacy indirect price in place of Abbott's published AWPs when calculating the total value of $DIFFERENCE_{sjkt}$ and the associated number of claims and pharmacy payments with $DIFFERENCE_{sjkt}$ greater than zero.

*C. The 2007Q3 to 2008Q1 Period*

As described above, the New York Medicaid claims data are incomplete after 2007Q2. According to the SDUD data displayed in Table 15C, New York's Medicaid program spent a total of approximately $122,794 on Complaint products during this period. To estimate the total

value of DIFFERENCE from 2007Q3 to 2008Q1, I utilize an algorithm that is analogous to the one described for California and Texas above.

My findings indicate that New York Medicaid spending would have been approximately $15,493 lower (federal share $7,746) during these before and after periods if 125 percent of the average pharmacy indirect price had been used as the AWP in New York's Medicaid adjudication calculations. My results further indicate that 7,424 of the 13,815 prescriptions during this period had a DIFFERENCE that exceeded zero.

Taken together, my results for New York Medicaid reveal a total DIFFERENCE during the study period of approximately $1.705 million along with 487,250 claims and at least 341,352 pharmacy payments that had a DIFFERENCE that exceeded zero. The total value of DIFFERENCE represents 20.3 percent of all New York Medicaid spending considered during the twelve-year period and the federal share of this DIFFERENCE is $855,769.

**X. Illinois Medicaid**

According to the CMS SDUD data, the state of Illinois was fourth among all states in terms of total Medicaid spending on NDC-based claims for Complaint products during the time periods considered. The Illinois Department of Healthcare and Family Services provided the United States with Medicaid claims data. The data included claims with service dates from January of 1994 to December of 2006.

The Illinois Medicaid NDC-based claims data are summarized in Table 16A. There are 549,051 claims[34] for the Complaint NDCs during the time periods considered with Medicaid spending for these claims equal to $5.608 million. The first panel of this table lists the number of

[34] There were initially 554,308 claims but 5,257 of them were dropped from the sample because they represented reversals and their pairs or similar adjustments of earlier claims.

claims and total Medicaid spending by NDC. All 43 of the Complaint NDCs appear in the Illinois Medicaid claims data. Consistent with the data for the U.S. as a whole, Illinois Medicaid spending is greatest for the 74632013 NDC, which accounted for 20.8 percent of Illinois Medicaid spending on Complaint products.

The second panel of this same table lists the number of claims and total Medicaid spending by year and quarter. When assigning claims to time periods, I use the service date instead of, for example, the prescription date or the adjudication date. As the table shows, there are no claims after 2006Q4 and the data for the last quarter appear to be incomplete.

*A. Illinois Medicaid Reimbursement*

The state of Illinois employed an adjudication formula that utilized the AWP for almost the entire time period of interest. The amount by which this AWP was scaled in the state's adjudication formula for generic products declined from 0.90 to 0.88 on July 1, 1995. Then beginning on December 15, 2000, the state used the lower of 88 percent of the AWP and 112 percent of the WAC. The state returned to using just the AWP on July 1, 2001, and used a scaling factor of 0.800 until it declined to 0.750 on July 1, 2002.

This estimated acquisition cost was then added to a dispensing fee, which for generic products ranged from $3.58 to $15.00 through June of 1998. More specifically, the dispensing fee was set equal to ten percent of the ingredient cost, though if the calculated amount fell below $3.58 or above $15.00 then the dispensing fee used was set to $3.58 and $15.00, respectively.[35] These lower and upper bounds changed to $3.69 and $15.45, respectively, on July 1, 1998, and then to $3.75 and $15.70, respectively on July 1, 1999. On December 15, 2000, the dispensing

[35] From July 1, 1998 through June 30, 1999, the dispensing fee was 10.3 percent of the ingredient cost and from July 1, 1999 through December 14, 2000, the dispensing fee was 10.46 percent of the ingredient cost.

fee was set to a flat rate of $4.17 that was not a function of the estimated acquisition cost, with this increasing to $5.10 on July 1, 2001 and then falling to $4.60 on July 1, 2002.

The sum of the estimated acquisition cost and the dispensing fee is compared with the provider charged amount, with the Illinois Medicaid program paying the lesser of the two. In certain cases, a FUL or SMAC price would be used to calculate the estimated ingredient cost if one was in effect for a certain NDC in the relevant time period and if it would result in a lower amount paid.

*B. The Impact of Alternative AWPs on Illinois Medicaid Spending: 1994Q1 – 2006Q3*

Of the 549,051 claims summarized in Table 16A, there are 11,605 that have a non-positive paid amount or number of units, 595 with a paid amount that is greater than the provider billed amount, 26,450 with a non-zero third party payment amount, and an additional 2,659 from quarters with incomplete data. I drop these claims from my analysis sample. I then drop 92,731 claims for which I am unable to replicate the amount paid and 63 for which I do not have an average price from Abbott's indirect transaction data. These revisions leave me with a sample of 414,948 claims accounting for $4.212 million in Illinois Medicaid spending.

I then apply an algorithm analogous to the one described above for the preceding states. I use 125 percent of the average pharmacy indirect price as the alternative AWP for each NDC-quarter. Applying this alternative AWP on a claim-by-claim basis, I find that the value of DIFFERENCE is strictly greater than zero for 404,454 claims, which represents 97.5 percent of the 414,948 claims in the analysis sample. The total value of DIFFERENCE is equal to $1.306 million ($652,613 federal), which represents 31.0 percent of Medicaid spending for claims in the

analysis sample. My results further indicate that there are 293,800 pharmacy payments that had at least one claim with a value of DIFFERENCE that exceeded zero.

*C. The 2006Q4 to 2008Q1 Period*

As described above, the Illinois Medicaid claims data are incomplete after 2006Q3. According to the SDUD data displayed in Table 16B, the Illinois Medicaid program spent a total of approximately $245,740 on Complaint products during this period. To estimate the total value of DIFFERENCE from 2006Q4 to 2008Q1, I utilize an algorithm that is analogous to the one described above for the preceding states.

My findings indicate that Illinois Medicaid spending would have been $20,837 lower (federal share $10,419) during these before and after periods if 125 percent of the average pharmacy indirect price had been used as the AWP in Illinois's Medicaid adjudication calculations. My results further indicate that 17,980 of the 26,040 prescriptions during this period had a DIFFERENCE that exceeded zero.

Taken together, my results for Illinois Medicaid reveal a total DIFFERENCE during the study period of approximately $1.327 million along with 422,434 claims and at least 293,800 pharmacy payments that had a DIFFERENCE that exceeded zero. The total value of DIFFERENCE represents 22.8 percent of all Illinois Medicaid spending considered during the 1994Q1 to 2008Q1 period and the federal share of this DIFFERENCE is $663,032.

**XI. Florida Medicaid**

According to the CMS SDUD data, the state of Florida was fifth among all states in terms of total Medicaid spending on NDC-based claims for Abbott's Complaint products during the

time period considered. ACS Government HealthCare Solutions provided the United States with Medicaid claims data, which included claims with service dates from January of 1994 to December of 2005.

The Florida Medicaid NDC-based claims data are summarized in Table 17A. There are 373,137 claims[36] for the 43 Complaint NDCs, during the time periods considered with Medicaid spending for these claims equal to $3.993 million. The first panel of this table lists the number of claims and total Medicaid spending by NDC. All 43 of the Complaint NDCs appear in the Florida Medicaid claims data. Consistent with the data for the U.S. as a whole, Florida Medicaid spending is greatest for the 74632013 NDC, which accounted for 16.4 percent of Florida's Medicaid spending on Complaint products.

The second panel of this same table lists the number of claims and total Medicaid spending by year and quarter. When assigning claims to time periods, I use the service date instead of, for example, the prescription date or the adjudication date. As the table shows, there are no claims after 2005Q4 and Florida Medicaid spending on Complaint products peaks in 1994Q1, which is the first quarter of the time period considered.

*A. Florida Medicaid Reimbursement*

From 1994 through June 30, 1999, Florida used 107 percent of a product's WAC as its estimated per-unit acquisition cost, which was then multiplied by the number of allowed units to determine the total estimated acquisition cost. On July 1, 1999, this methodology was changed to pay the minimum of 88.5 percent of the AWP, 107 percent of the Direct Price, and 107 percent of the WAC, with this algorithm remaining in effect through June 30, 2000. From July of 2000

[36] There were initially 373,558 claims but 421 of them were dropped from the sample because they represented reversals and their pairs or similar adjustments of earlier claims.

through April 29, 2002, Florida Medicaid paid 86.75 percent of the AWP. This was then changed on April 30, 2002 to be the lesser of 86.75 percent of the AWP and 107 percent of the WAC. This formula was changed again on July 1, 2004, to be the lower of 84.6 percent of the AWP and 105.75 percent of the WAC, and again on July 1, 2008 when the corresponding scaling factors were 83.6 percent and 104.75 percent, respectively. This estimated ingredient cost was then added to a dispensing fee, which was typically equal to $4.23 throughout the study period.

The sum of the estimated acquisition cost and the dispensing fee is compared with the provider charged amount, with the Florida Medicaid program paying the lesser of the two. In certain cases, a FUL or SMAC (state maximum allowable cost) price would be used to calculate the estimated acquisition cost if one was in effect for a certain NDC in the relevant time period and if it would result in a lower amount paid.

*B. The Impact of Alternative WACs and AWPs on Florida Medicaid Spending:1994Q1 – 2005Q4*

Of the 373,137 claims summarized in Table 17A, there are 181 with a zero paid amount or zero number of units, 15 with a paid amount that is greater than the provider-billed amount, and an additional 1,183 claims with a non-zero third party or patient liability payment amount. I drop these claims from my analysis sample. I then drop 3,237 claims for which I am unable to replicate the amount paid, 12 claims for which I do not have an average price from Abbott's transaction data, and 82 claims with a non-valid dispensing fee or with a paid amount that is less than the dispensing fee. These revisions result in a sample of 368,427 claims, accounting for $3.957 million in Florida Medicaid spending.

I then apply an algorithm analogous to the one described above for the preceding states. The key difference between Florida and the preceding states is that Florida uses the WAC

throughout much of the time period. As above, I use 125 percent of the average pharmacy indirect price as the alternative AWP for those NDC-quarters when it is in effect and take the average price for the wholesaler class of trade in Abbott's direct transaction data for the alternative WAC. Applying these alternative prices on a claim-by-claim basis, I find that the value of DIFFERENCE is strictly greater than 0 for 348,717 claims, which represents 94.7 percent of all claims in the analysis sample. The total value of DIFFERENCE is equal to $1.016 million ($578,239 federal), which represents 25.5 percent of Medicaid spending for claims in the analysis sample. My results further indicate that there are 243,439 pharmacy payments that had at least one claim with a value of DIFFERENCE that exceeded zero.

One possible concern with using the average wholesaler direct price as the alternative WAC is that it will include sales to all classes of trade. To the extent that pharmacy customers tend to pay higher prices, the acquisition cost may on average be greater for these purchases.[37] To consider this possibility, I instead replace the WAC with the average indirect pharmacy price. In this case, the total value of DIFFERENCE with this alternative WAC is slightly higher at $1.079 million ($612,481 federal), which represents 27.0 percent of Medicaid spending for claims in the analysis sample. My results further indicate that there are 355,665 claims and 246,186 pharmacy payments with a value of DIFFERENCE that exceeds zero. Because the total DIFFERENCE is higher in this case, I instead use the average wholesaler price from Abbott's direct transaction data as the alternative WAC in the analyses that follow.

*C. The 2006Q1 to 2008Q1 Period*

[37] Suppose, for example, that pharmacies pay an average of 105 while hospitals pay 95. If there is an equal number of both types of customers, the direct wholesaler average will be 100 (even lower if there is a wholesaler markup) versus an average pharmacy indirect price of 105.

As described above, the Florida Medicaid claims data are incomplete after 2005Q4. According to the SDUD data displayed in Table 17B, Florida's Medicaid program spent a total of $346,166 on Complaint products during this period. To estimate the total value of DIFFERENCE from 2006Q1 to 2008Q1, I utilize an algorithm that is analogous to the one described above for the preceding states.

My findings indicate that Florida Medicaid spending would have been $80,990 lower (federal share $47,311) during these before and after periods if 125 percent of the average pharmacy indirect price had been used as the AWP and the average wholesaler direct price had been used as the WAC in Florida's Medicaid adjudication calculations.[38] My results further indicate that 27,727 of the 29,870 prescriptions during this period had a DIFFERENCE that exceeded zero.

Taken together, my results for Florida Medicaid reveal a total DIFFERENCE during the study period of approximately $1.097 million along with 376,444 claims and at least 243,439 pharmacy payments that had a DIFFERENCE that exceeded zero. The total value of DIFFERENCE represents 25.3 percent of all Florida Medicaid spending considered during the 1994Q1 to 2008Q1 period and the federal share of this DIFFERENCE is $625,550.

**XII. Kentucky Medicaid**

According to the CMS SDUD data, the state of Kentucky was sixth among all states in terms of total Medicaid spending on NDC-based claims for Complaint products during the time periods considered. The Kentucky Office of the Attorney General provided the United States

[38] Given the relationship between Abbott's published AWP and WAC during this period, the two EACs would have been equal from 2006Q1 to 2008Q1.

with Medicaid claims data. The data included claims with service dates from January of 1995 to February of 2005.

The Kentucky Medicaid NDC-based claims data are summarized in Table 18A. There are 276,248 claims for the 43 Complaint NDCs, during the time periods considered with Medicaid spending for these claims equal to $3.194 million. The first panel of this table lists the number of claims and total Medicaid spending by NDC. All of the 43 Complaint NDCs appear in the Kentucky Medicaid claims data. Consistent with the data for the U.S. as a whole, Kentucky Medicaid spending is greatest for the 74632013 NDC, which accounted for 20.2 percent of Kentucky's Medicaid spending on Complaint products.

The second panel of this same table lists the number of claims and total Medicaid spending by year and quarter. When assigning claims to time periods, I use the service date instead of, for example, the prescription date or the adjudication date. As the table shows, there are no claims after 2005Q1. Kentucky Medicaid spending on Complaint products during the time periods considered reached its peak in the first quarter of 1996 and declined steadily thereafter.

*A. Kentucky Medicaid Reimbursement*

The state of Kentucky employed an adjudication formula that utilized the AWP throughout the time period of interest. The amount by which this AWP was scaled in the state's adjudication formula declined from 0.90 to 0.88 on April 1, 2002 and then declined again to 0.86 on February 23, 2005. The estimated acquisition cost was then added to a dispensing fee, which decreased for all products from $4.75 to $4.51 on January 16, 2001 and then increased to $5.00 for generic products on February 23, 2005.[39]

[39] From 1994 through January 14, 2001, Kentucky Medicaid paid a $5.75 dispensing fee for nursing home residents.

The sum of the estimated acquisition cost and the dispensing fee is compared with the provider charged amount and with the gross amount due, with the Kentucky Medicaid program paying the lowest of the three. In certain cases, a FUL or SMAC price would be used to calculate the estimated acquisition cost if one was in effect for a certain NDC in the relevant time period and if it would result in a lower amount paid.

*B. The Impact of Alternative AWPs on Kentucky Medicaid Spending: 1995Q1 – 2005Q1*

Of the 276,248 claims summarized in Table 18A, there are 26 with a non-positive number of units or paid amount, 2 with an amount paid greater than the amount charged, and 1,275 with a non-zero other third party payment amount. I drop these claims from my analysis sample. I then drop 2,042 claims for which I am unable to replicate the amount paid and 31 for which I do not have an average price from Abbott's transaction data. These revisions leave me with a sample of 272,872 claims accounting for $3.163 million in Kentucky Medicaid spending.

I then apply an algorithm analogous to the one described above for the preceding states. I use 125 percent of the average pharmacy indirect price as the alternative AWP for each NDC-quarter. Applying this alternative AWP on a claim-by-claim basis, I find that the value of DIFFERENCE is strictly greater than zero for 257,052 claims, which represents 94.2 percent of the 272,872 claims in the analysis sample. The total value of DIFFERENCE is equal to $910,963 ($640,018 federal share), which represents 28.5 percent of Medicaid spending for claims in the analysis sample. My results further indicate that there are 139,353 pharmacy payments that had at least one claim with a value of DIFFERENCE that exceeded zero.

*C. The 1994Q1 to 1994Q4 Period*

As described above, the Kentucky state claims data are incomplete prior to 1995Q1. I therefore utilize the SMRF data described above and summarized in Table 18B. According to this table, Kentucky's Medicaid program spent $562,135 on Complaint products during this one-year period. Of the 52,332 claims in the first panel of that table, I drop 3,322 with a positive other third party payment amount, 10 with an undefined RATIO, and 14 with a paid amount that exceeds the billed amount. This results in a sample of 48,986 claims with $530,979 in Medicaid spending.

I then apply an algorithm that is analogous to the ones described for the preceding states to the 1994 SMRF data and estimate that the total value of DIFFERENCE during this period was $115,540 (federal share $81,450). My results further suggest that 42,224 claims had a value of DIFFERENCE greater than zero and that there are at least 91 pharmacy payments with at least one claim with a value of DIFFERENCE greater than zero.

*D. The 2005Q2 to 2005Q3 Period*

As described above, the Kentucky Medicaid claims data are incomplete after 2005Q1 and the SMRF/MAX data is not available after 2004. However, there are CMS MSIS claims from Kentucky for 2005Q2 and for 2005Q3, and thus I use them in lieu of the SMRF/MAX data during this six-month period. According to the MSIS data summarized in Table 18C, Kentucky's Medicaid program spent $69,260 on Abbott Complaint products during the 2005Q2 to 2005Q3 period. To estimate the value of DIFFERENCE during this period, I utilize an algorithm that is analogous to the one described above for the preceding states. From the sample of 7,216 claims summarized in Table 18C, I drop 49 with a positive other third party payment amount and 970

with a non-positive amount paid. This leaves me with a sample of 6,197 claims with $69,733 in Medicaid spending.

Applying the algorithm described above on a claim-by-claim basis, I determine that 5,622 of the claims remaining in my sample have a value of DIFFERENCE that exceeds zero. My results further indicate that there are 3,397 pharmacy payments with at least one claim with a value of DIFFERENCE that exceeds zero and that the total value of DIFFERENCE is $17,966 ($12,504 federal), which represents 25.8 percent of Kentucky Medicaid spending on Complaint products in the sample during this period.

*E. The 2005Q4 to 2008Q1 Period*

As described above, the Kentucky Medicaid claims data are incomplete after 2005Q1 and the MSIS data covers through 2005Q3. According to the SDUD data displayed in Table 18D, the Kentucky Medicaid program spent a total of $314,787 on Complaint products during the 2005Q4 to 2008Q1 period. To estimate the total value of DIFFERENCE from 2005Q4 to 2008Q1, I utilize an algorithm that is analogous to the one described above for the preceding states.

My findings indicate that Kentucky Medicaid spending would have been $69,568 lower (federal share $48,325) during these before and after periods if 125 percent of the average pharmacy indirect price had been used as the AWP in Kentucky's Medicaid adjudication calculations. My results further indicate that 21,715 of the 27,565 prescriptions during this period had a DIFFERENCE that exceeded zero.

Taken together, my results for Kentucky Medicaid reveal a total DIFFERENCE during the study period of approximately $1.114 million along with 355,620 claims and at least 142,841 pharmacy payments that had a DIFFERENCE that exceeded zero. The total value of

DIFFERENCE represents 26.9 percent of all Kentucky Medicaid spending considered during the 1994Q1 to 2008Q1 period and the federal share of this DIFFERENCE is $782,298.

**XIII. Georgia Medicaid**

According to the CMS SDUD data, the state of Georgia was seventh among all states in terms of total Medicaid spending on NDC-based claims for Complaint products during the time period considered. The Georgia Department of Audits and Accounts provided the United States with Medicaid claims data. The data included claims with service dates from October of 2000 to December of 2006.

The Georgia Medicaid NDC-based claims data are summarized in Table 19A. There are 120,516 claims[40] for the Complaint NDCs during the time period considered, with Medicaid spending for these claims equal to $1.200 million. The first panel of this table lists the number of claims and total Medicaid spending by NDC. All 43 of the Complaint NDCs appear in the Georgia Medicaid claims data. Consistent with the data for the U.S. as a whole, Georgia Medicaid spending is greatest for the 74632013 NDC, which accounted for 18.4 percent of Georgia's Medicaid spending on Complaint products.

The second panel of this same table lists the number of claims and total Medicaid spending by year and quarter. When assigning claims to time periods, I use the service date instead of, for example, the prescription date or the adjudication date. As the table shows, there are no claims before 2000Q4 or after 2006Q4. Additionally, spending remained fairly steady until the first quarter of 2005 and then declined substantially during the next several quarters.

[40] There were initially 169,305 claims but 48,789 of them were dropped from the sample because they represented reversals and their pairs or similar adjustments of earlier claims.

*A. Georgia Medicaid Reimbursement*

The state of Georgia employed an adjudication formula that utilized the AWP throughout the time period of interest. The amount by which this AWP was scaled in the state's adjudication formula declined from 0.90 to 0.89 in July of 2004. The estimated acquisition cost was then added to a dispensing fee. In 1994 and 1995, Georgia would pay 10 percent of the estimated acquisition cost as the dispensing fee, up to a maximum $15.00. The dispensing fee then changed to $4.41 on January 1, 1996,[41] then increased to $4.63 in July of 1998, to $5.13 in April of 2001, and fell to $4.63 in July of 2005.[42]

The sum of the estimated acquisition cost and the dispensing fee is compared with the provider charged amount, with the Georgia Medicaid program paying the lesser of the two. In certain cases, a FUL or SMAC (state maximum allowable cost) price would be used to calculate the estimated ingredient cost if one was in effect for a certain NDC in the relevant time period and if it would result in a lower amount paid.

*B. The Impact of Alternative AWPs on Georgia Medicaid Spending: 2000Q4 – 2006Q4*

Of the 120,516 claims summarized in Table 19A, there are 435 that have a non-positive billed or paid amount, 38,041 with an amount paid that exceeds the amount billed, and an additional 1,948 with a non-zero deductible or other third party payment amount. I drop these claims from my analysis sample. I then drop 96 claims with an amount paid that is less than the dispensing fee, 9 for which I am unable to replicate the amount paid, and 7 for which I do not

[41] Between November 1, 1996 and March 31, 1998, pharmacies serving a nursing home resident would instead receive $18.00 per month as a prescription monitoring fee rather than a per-prescription dispensing fee.
[42] The dispensing fees were lower by $0.30 for not-for-profit pharmacies. Additionally, between April 1, 2001 and March 14, 2002, a $0.50 generic incentive fee was paid for generic or preferred drugs and between March 15, 2002 and June 30, 2005, the $0.50 incentive only applied to generics. This incentive was discontinued on July 1, 2005.

have an average price from Abbott's transaction data. These revisions leave me with a sample of 79,980 claims accounting for $774,707 in Georgia Medicaid spending.

I then apply an algorithm analogous to the one described above for the preceding states and 125 percent of Abbott's average pharmacy indirect price as the alternative AWP. Applying these alternative prices on a claim-by-claim basis, I find that the value of DIFFERENCE is strictly greater than zero for 79,326 claims, which represents 99.2 percent of all claims in the analysis sample. The total value of DIFFERENCE is equal to $313,406 ($188,453 federal), which represents 40.5 percent of Medicaid spending for claims in the analysis sample. My results further indicate that there are 61,445 pharmacy payments that had at least one claim with a value of DIFFERENCE that exceeded zero.

*C. The 1994Q1 to 2000Q3 Period*

As described above, the Georgia Medicaid claims data are incomplete prior to 2000Q4. According to the SMRF/MAX data summarized in Table 19B, Georgia's Medicaid program spent a total of approximately $2.573 million on Complaint products during this period. To estimate the total value of DIFFERENCE from 1994Q1 to 2000Q3, I utilize an algorithm that is analogous to the one described above for the preceding states using SMRF/MAX data. Of the 248,090 claims summarized in Table 19B, I drop 33 with a non-positive amount paid, 215 with a paid amount greater than the billed amount, 49 with a positive other third party payment amount, and 4 with an undefined RATIO as described in equation (3). This results in a sample of 247,789 claims with $2.568 million in Medicaid spending.

Applying the algorithm described above on a claim-by-claim basis, I determine that 211,228 of the 247,789 claims remaining in my sample have a value of DIFFERENCE that

exceeds zero. My results further indicate that there are 125,801 pharmacy payments with at least one claim having a DIFFERENCE greater than zero and that the total value of DIFFERENCE is $1.262 million ($775,446 federal), which represents 49.1 percent of Georgia Medicaid spending on Abbott's Complaint products in the sample during this period.

*D. The 2007Q1 to 2007Q4 Period*

As described above, the Georgia Medicaid claims data are incomplete after 2006Q4. According to the SDUD data displayed in Table 19C, the Georgia Medicaid program spent a total of $37,990 on Complaint products during this period. To estimate the total value of DIFFERENCE from 2007Q1 to 2007Q4, I utilize an algorithm that is analogous to the one described above for the preceding states.

My findings indicate that Georgia Medicaid spending would have been $9,531 lower (federal share $5,932) during these before and after periods if 125 percent of the average pharmacy indirect price had been used as the AWP in Georgia's Medicaid adjudication calculations. My results further indicate that 4,147 of the 4,219 prescriptions during this period had a DIFFERENCE that exceeded zero.

Taken together, my results for Georgia Medicaid reveal a total DIFFERENCE during the study period of approximately $1.585 million along with 331,988 claims and 187,246 pharmacy payments that had a DIFFERENCE that exceeded zero. The total value of DIFFERENCE represents 41.6 percent of all Georgia Medicaid spending considered during the 1994Q1 to 2008Q1 period and the federal share of this DIFFERENCE is $969,831.

## XIV. Pennsylvania Medicaid

According to the CMS SDUD data, the state of Pennsylvania was eighth among all states in terms of total Medicaid spending on NDC-based claims for Complaint products during the time periods considered. The Pennsylvania Department of Public Welfare provided the United States with Medicaid claims data. The data included claims with service dates from December of 1997 to March of 2007.

The Pennsylvania Medicaid NDC-based claims data are summarized in Table 20A. There are 94,541 claims[43] for the Complaint NDCs during the time periods considered, with Medicaid spending for these claims equal to $1.004 million. The first panel of this table lists the number of claims and total Medicaid spending by NDC. All 43 of the Complaint NDCs appear in the Pennsylvania Medicaid claims data. Consistent with the data for the U.S. as a whole, Pennsylvania Medicaid spending is greatest for the 74632013 NDC, which accounted for 20.0 percent of Pennsylvania's Medicaid spending on Complaint products.

The second panel of this same table lists the number of claims and total Medicaid spending by year and quarter. When assigning claims to time periods, I use the service date instead of, for example, the prescription date or the adjudication date. As the table shows, there are no claims after 2007Q1. Pennsylvania Medicaid spending on Complaint products during the time periods considered reaches its peak in the first quarter of 1999 and declines thereafter.

### *A. Pennsylvania Medicaid Reimbursement*

The state of Pennsylvania employed an adjudication formula that utilized the AWP from 1994 through August 9, 2005. The amount by which this AWP was scaled in the state's

[43] There were initially 104,596 claims but 10,055 of them were dropped from the sample because they represented reversals and their pairs or similar adjustments of earlier claims.

adjudication formula declined from 1.00 to 0.90 on October 1, 1995. Then on August 10, 2005, the state took the lower of 166 percent of the WAC and 75 percent of the AWP. The estimated acquisition cost was then added to a dispensing fee, which increased from $3.50 to $4.00 on October 1, 1995.

The sum of the estimated ingredient cost and the dispensing fee is compared with the provider charged amount, with the Pennsylvania Medicaid program paying the lesser of the two. In certain cases, a FUL or SMAC (state maximum allowable cost) price would be used to calculate the estimated ingredient cost if one was in effect for a certain NDC in the relevant time period and if it would result in a lower amount paid.

*B. The Impact of Alternative AWPs on Pennsylvania Medicaid Spending: 1998Q3 – 2007Q1*

Of the 94,541 claims summarized in Table 20A, there are 64 compound drug claims, 237 with a non-positive number of units or paid amount, 1,873 with a paid amount that is greater than the provider billed amount, 1,202 from quarters with incomplete data, and an additional 3,362 with a non-zero other third party payment amount. I drop these claims from my analysis sample and also drop 1,528 for which I cannot replicate the amount paid and 104 for which I do not have an average price from Abbott's transaction data. These revisions leave me with a sample of 86,171 claims accounting for $927,856 in Pennsylvania Medicaid spending.

I then apply an algorithm analogous to the one described above for the preceding states. I use 125 percent of the average pharmacy indirect price as the alternative AWP for each NDC-quarter.[44] Applying this alternative AWP on a claim-by-claim basis, I find that the value of DIFFERENCE is strictly greater than zero for 84,659 claims, which represents 98.2 percent of

[44] Given the relationship between Abbott's AWPs and WACs, the AWP will result in a lower amount paid when the WAC was added to the adjudication formula.

the 86,171 claims in the analysis sample. The total value of DIFFERENCE is equal to $325,867 ($176,977 federal), which represents 35.1 percent of Medicaid spending for claims in the analysis sample. My results further indicate that there are 52,995 pharmacy payments that had at least one claim with a value of DIFFERENCE that exceeded zero.

*C. The 1994Q1 to 1998Q2 Period*

As described above, the Pennsylvania Medicaid claims data are incomplete prior to 1998Q3. According to the SMRF data summarized in Table 20B, Pennsylvania's Medicaid program spent a total of approximately $2.150 million on Complaint products during this period. To estimate the total value of DIFFERENCE from 1994Q1 to 1998Q2, I utilize an algorithm that is analogous to the one described above for the preceding states applied to SMRF claims data. Of the 216,532 claims summarized in Table 20B, I drop 1,166 with a positive other third party payment amount, 21 with an undefined RATIO as described in equation (3), and 4,233 with a paid amount greater than the billed amount. This results in an analysis sample of 211,112 claims with $2.101 million in Medicaid spending.

Applying the algorithm described above on a claim-by-claim basis, I determine that 193,429 claims remaining in my sample have a value of DIFFERENCE that exceeds zero. My results further indicate that there are 63,276 pharmacy payments[45] with at least one claim having a DIFFERENCE greater than zero and that the total value of DIFFERENCE is $731,855 ($392,308 federal), which represents 34.0 percent of Pennsylvania Medicaid spending on Abbott Complaint products in this analysis sample.

[45] To estimate the number of provider payments with a value of DIFFERENCE greater than zero when using the SMRF/MAX data, I assign each claim a probability $POSDIFF_{jt}$ (defined in Section VII above) of having DIFFERENCE greater than zero and then calculate the implied number of provider payments.

*D. The 2007Q2 to 2008Q1 Period*

As described above, the Pennsylvania Medicaid claims data are incomplete after 2007Q1. According to the SDUD data displayed in Table 20C, Pennsylvania's Medicaid program spent a total of approximately $58,996 on Complaint products during this period. To estimate the total value of DIFFERENCE from 2007Q2 to 2008Q1, I utilize an algorithm that is analogous to the one described above for the preceding states.

My findings indicate that Pennsylvania Medicaid spending would have been approximately $17,346 lower (federal share $9,407) during these before and after periods if 125 percent of the average pharmacy indirect price had been used as the AWP in Pennsylvania's Medicaid adjudication calculations. My results further indicate that 6,000 of the 6,106 prescriptions during this period had a DIFFERENCE that exceeded zero.

Taken together, my results for Pennsylvania Medicaid reveal a total DIFFERENCE during the study period of approximately $1.075 million along with 284,088 claims and at least 116,271 pharmacy payments that had a DIFFERENCE that exceeded zero. The total value of DIFFERENCE represents 33.6 percent of all Pennsylvania Medicaid spending considered during the 1994Q1 to 2008Q1 period and the federal share of this DIFFERENCE is $578,692.

**XV. North Carolina Medicaid**

According to the CMS SDUD data, the state of North Carolina was ninth among all states in terms of total Medicaid spending on NDC-based claims for Complaint products during the time periods considered. The ACS Government Healthcare Solutions provided the United States with Medicaid claims data. The data included claims with service dates from January of 2001 to March of 2007.

The North Carolina Medicaid NDC-based claims data are summarized in Table 21A. There are 84,822 claims for the Complaint NDCs during the time periods considered, with Medicaid spending for these claims equal to $971,013. The first panel of this table lists the number of claims and total Medicaid spending by NDC. All but two of the 43 Complaint NDCs appear in the North Carolina Medicaid claims data. Consistent with the data for the U.S. as a whole, North Carolina Medicaid spending is greatest for the 74632013 NDC, which accounted for 24.0 percent of North Carolina's Medicaid spending on Complaint products.

The second panel of this same table lists the number of claims and total Medicaid spending by year and quarter. When assigning claims to time periods, I use the service date instead of, for example, the prescription date or the adjudication date. As the table shows, there are no claims before 2001Q1 or after 2007Q1. North Carolina Medicaid spending on Complaint products during the time periods considered reaches its peak in the fourth quarter of 2003 and declines by more than 50 percent during the next three years.

*A. North Carolina Medicaid Reimbursement*

The state of North Carolina employed an adjudication formula that utilized the AWP throughout the time period of interest. The amount by which this AWP was scaled in the state's adjudication formula was 0.90 throughout the time period. The estimated acquisition cost was then added to a dispensing fee, which was $5.60 throughout the study period.

The sum of the estimated ingredient cost and the dispensing fee is compared with the provider charged amount, with the North Carolina Medicaid program paying the lesser of the two. In certain cases, a FUL or SMAC (state maximum allowable cost) price would be used to

calculate the estimated ingredient cost if one was in effect for a certain NDC in the relevant time period and if it would result in a lower amount paid.

*B. The Impact of Alternative AWPs on North Carolina Medicaid Spending: 2000Q1 – 2007Q1*

Of the 84,822 claims summarized in Table 21A, there are 141 that have a non-positive number of units or paid amount, 27 that are compound drug claims, 11 with an amount paid that exceeds the amount charged, and an additional 620 with a non-zero deductible or other third party payment amount. I drop these claims from my analysis sample. I then drop 1 claim for which I am unable to replicate the amount paid and 7 for which I do not have an average price from Abbott's transaction data. These revisions leave me with a sample of 84,015 claims accounting for $964,551 in North Carolina Medicaid spending.

I then apply an algorithm analogous to the one described above for the preceding states. I use 125 percent of the average pharmacy indirect price as the alternative AWP for each NDC-quarter. Applying this alternative AWP on a claim-by-claim basis, I find that the value of DIFFERENCE is strictly greater than zero for 80,116 claims, which represents 95.4 percent of the claims in the analysis sample. The total value of DIFFERENCE is equal to $294,322 ($185,923 federal), which represents 30.5 percent of Medicaid spending for claims in the analysis sample. My results further indicate that there are 62,064 pharmacy payments that had at least one claim with a value of DIFFERENCE that exceeded zero.

*C. The 1999Q1 to 2000Q4 Period*

As described above, the North Carolina Medicaid claims data are incomplete prior to 2001Q1. According to the MAX data summarized in Table 21B, North Carolina's Medicaid

program spent a total of approximately $422,523 on Complaint products during this period. To estimate the total value of DIFFERENCE from 1999Q1 to 2000Q4, I utilize an algorithm that is analogous to the one described above for the preceding states using SMRF/MAX/MSIS data. Of the 36,402 claims summarized in Table 21B, I drop 2 with a paid amount greater than the billed amount and 60 with a positive other third party payment amount. This results in a sample of 36,340 claims with $422,102 in Medicaid spending.

Applying the algorithm described above on a claim-by-claim basis, I determine that 33,626 claims remaining in my sample have a value of DIFFERENCE that exceeds zero. My results further indicate that there are 23,905 pharmacy payments with at least one claim having a DIFFERENCE greater than zero and that the total value of DIFFERENCE is $124,234 ($77,916 federal), which represents 29.4 percent of North Carolina Medicaid spending on Abbott Complaint products in the sample during this period.

*D. The 1994Q1 to 1998Q4 and 2007Q2 to 2008Q1 Periods*

As described above, the North Carolina Medicaid claims data combined with the SMRF / MAX data is incomplete before 1999Q1 and after 2007Q1. According to the SDUD data displayed in Tables 21C and 21D, the North Carolina Medicaid program spent a total of $1.845 million on Complaint products from 1994Q1 to 1998Q4 and from 2007Q2 to 2008Q1. To estimate the total value of DIFFERENCE during these two periods, I utilize an algorithm that is analogous to the one described above for the preceding states.

My findings indicate that North Carolina Medicaid spending would have been $470,029 lower (federal share $302,264) during these before and after periods if 125 percent of the average pharmacy indirect price had been used as the AWP in North Carolina's Medicaid adjudication

calculations. My results further indicate that 147,570 of the 171,059 prescriptions during this period had a DIFFERENCE that exceeded zero.

Taken together, my results for North Carolina Medicaid reveal a total DIFFERENCE during the study period of $888,585 along with 261,312 claims and at least 85,969 pharmacy payments that had a DIFFERENCE that exceeded zero. The total value of DIFFERENCE represents 27.4 percent of all North Carolina Medicaid spending considered during the 1994Q1 to 2008Q1 period and the federal share of this DIFFERENCE is $566,103.

**XVI. Massachusetts Medicaid**

According to the CMS SDUD data, the state of Massachusetts was tenth among all states in terms of total Medicaid spending on NDC-based claims for Complaint products during the time period considered. The Massachusetts Office of Health and Human Services provided the United States with Medicaid claims data. The data included claims with service dates from July of 1995 to December of 2007.

The Massachusetts Medicaid NDC-based claims data are summarized in Table 22A. There are 255,840 claims for the Complaint NDCs, during the time periods considered with Medicaid spending for these claims equal to $2.332 million. The first panel of this table lists the number of claims and total Medicaid spending by NDC. All but three of the 43 Complaint NDCs appear in the Massachusetts Medicaid claims data. Consistent with the data for the U.S. as a whole, Massachusetts Medicaid spending is greatest for the 74632013 NDC, which accounted for 37.8 percent of the state's Medicaid spending on Complaint products.

The second panel of this same table lists the number of claims and total Medicaid spending by year and quarter. When assigning claims to time periods, I use the service date

instead of, for example, the prescription date or the adjudication date. As the table shows, there are no claims after 2007Q4 and the data prior to 1996Q3 appear to be incomplete. Massachusetts Medicaid spending on Complaint products during this period peaked in the fourth quarter of 1996 and declined steadily during the next eleven years.

*A. Massachusetts Medicaid Reimbursement*

The state of Massachusetts employed an adjudication formula that used a scaled WAC[46] throughout the time period of interest. The amount by which the WAC was scaled varied over time, falling from 1.10 to 1.06 on August 3, 2002, and then to 1.05 on July 1, 2004.[47] The standard dispensing fee fell from $4.06 to $3.00 on February 1, 1995, then increased to $3.50 on November 1, 2002, and finally fell to $3.00 on December 1, 2003.

The sum of the estimated acquisition cost and the dispensing fee is compared with the provider charged amount, with the Massachusetts Medicaid program paying the lesser of the two. In certain cases, a FUL or SMAC price would be used to calculate the estimated ingredient cost if one was in effect for a certain NDC in the relevant time period and if it would result in a lower amount paid.

*B. The Impact of Alternative WACs on Massachusetts Medicaid Spending: 1996Q3 – 2007Q4*

Of the 255,840 claims summarized in Table 22A, there are 3,319 with a non-positive number of units or paid amount, 151 with a paid amount that is greater than the provider billed amount, 3,158 in quarters with incomplete data, and an additional 5,642 with a non-zero other

[46] If no WAC was available, a scaled AWP was used, with a scaling factor that fell from 0.90 to 0.88 on December 17, 2001, then to 0.848 on August 3, 2002, and finally to 0.840 on April 1, 2003.
[47] This last change was scheduled to take effect on April 1, 2003, but this was delayed because of a preliminary injunction.

third party payment amount. I drop these claims from my analysis sample. I then drop 6,888 claims with a paid amount less than the dispensing fee or an invalid dispensing fee and 1 for which I do not have an average price from Abbott's transaction data. These revisions result in a sample of 236,681 claims accounting for $2.253 million in Massachusetts Medicaid spending.

I then apply an algorithm analogous to the one described above for the preceding states. I use the average wholesaler direct price as the alternative WAC for each NDC-quarter. Applying these alternative prices on a claim-by-claim basis, I find that the value of DIFFERENCE is strictly greater than zero for 218,536 claims, which represents 92.3 percent of all claims in the analysis sample. The total value of DIFFERENCE is equal to $758,043 ($379,306 federal), which represents 33.6 percent of Medicaid spending for claims in the analysis sample. My results further indicate that there are 105,335 pharmacy payments that had at least one claim with a value of DIFFERENCE that exceeded zero.[48]

*C. The 1994Q1 to 1996Q2 and 2008Q1 Periods*

As described above, the Massachusetts Medicaid claims data is incomplete before 1996Q3 and after 2007Q4. According to the SDUD data displayed in Tables 22B and 22C, the Massachusetts Medicaid program spent a total of $920,042 on Complaint products from 1994Q1 to 19962 and in 2008Q1. To estimate the total value of DIFFERENCE during these two periods, I utilize an algorithm that is analogous to the one described above for the preceding states.

My findings indicate that Massachusetts Medicaid spending would have been $209,694 lower (federal share $104,847) during these before and after periods if Abbott's average

[48] Massachusetts Medicaid claims data does not include the provider identifier. I therefore use SMRF / MAX claims data to determine the number of claims per pharmacy payment in each quarter during this period. I then divide the total number of claims with a DIFFERENCE greater than zero by this number in each quarter to estimate the number of pharmacy payments with at least one claim with a DIFFERENCE greater than zero.

wholesaler direct price had been used as the WAC in Massachusetts's Medicaid adjudication calculations. My results further indicate that 60,420 of the 95,290 prescriptions during this period had a DIFFERENCE that exceeded zero.

Taken together, my results for Massachusetts Medicaid reveal a total DIFFERENCE during the study period of $967,737 along with 278,956 claims and at least 105,335 pharmacy payments that had a DIFFERENCE that exceeded zero. The total value of DIFFERENCE represents 30.0 percent of all Massachusetts Medicaid spending considered during the 1994Q1 to 2008Q1 period and the federal share of this DIFFERENCE is $484,153.

**XVII. Louisiana Medicaid**

According to the CMS SDUD data, the state of Louisiana was eleventh among all states in terms of total Medicaid spending on NDC-based claims for Complaint products during the time periods considered. The Louisiana Department of Health and Hospitals provided the United States with Medicaid claims data. The data included claims with service dates from January of 1994 to October of 2007.

The Louisiana Medicaid NDC-based claims data are summarized in Table 23A. There are 223,317 claims[49] for the Complaint NDCs during the time periods considered, with Medicaid spending for these claims equal to $2.747 million. The first panel of this table lists the number of claims and total Medicaid spending by NDC. All but one of the 43 Complaint NDCs appear in the Louisiana Medicaid claims data. Consistent with the data for the U.S. as a whole, Louisiana Medicaid spending is greatest for the 74632013 NDC, which accounted for 17.1 percent of Louisiana's Medicaid spending on Complaint products.

[49] There were initially 266,989 claims but 43,672 of them were dropped from the sample because they represented reversals and their pairs or similar adjustments of earlier claims.

The second panel of this same table lists the number of claims and total Medicaid spending by year and quarter. When assigning claims to time periods, I use the service date instead of, for example, the prescription date or the adjudication date. As the table shows, there are no claims after 2007Q4 and the data in that final quarter appears to be incomplete. Additionally, the data for 2002Q1 and 2002Q2 and prior to 1995Q1 also appears to be incomplete. Louisiana Medicaid spending on Complaint products during the time periods considered peaks in the fourth quarter of 1997 and then declines in the subsequent years.

*A. Louisiana Medicaid Reimbursement*

The state of Louisiana employed an adjudication formula that utilized the AWP throughout the time period of interest. The amount by which this AWP was scaled in the state's adjudication formula declined from 0.895 to 0.850 on February 1, 2000, and then increased to 0.865 on August 6, 2001.[50] The estimated acquisition cost was added to a dispensing fee, which increased from $5.54 to $5.77 on July 1, 1994, where it remained for the rest of the study period.

The sum of the estimated acquisition cost and the dispensing fee is compared with the provider charged amount, with the Louisiana Medicaid program paying the lesser of the two. In certain cases, a FUL or SMAC price would be used to calculate the estimated acquisition cost if one was in effect for a certain NDC in the relevant time period and if it would result in a lower amount paid.

*B. The Impact of Alternative AWPs on Louisiana Medicaid Spending: 1995Q1 – 2007Q3*

[50] The scaling factors are different for chain pharmacies beginning on July 1, 1999, when 0.865 was used. This then fell to 0.835 on February 1, 2000 and increased to 0.850 on August 6, 2001.

Of the 223,317 claims summarized in Table 23A, there are 231 that have a non-positive paid amount or number of units, 48 with a paid amount that exceeds the billed amount, 2,389 that have service dates in quarters with incomplete data (which includes two quarters in the middle of the period 2002Q1 and 2002Q2), and 374 with a non-zero other third party payment amount. I drop these claims from my analysis sample. I then drop 514 claims for which I am unable to replicate the amount paid, 8 with an unsupported dispensing fee, and 1 for which I do not have an average price from Abbott's transaction data. These revisions leave me with a sample of 219,752 claims accounting for $2.712 million in Louisiana Medicaid spending.

I then apply an algorithm analogous to the one described above for the preceding states. I use 125 percent of the average pharmacy indirect price as the alternative AWP for each NDC-quarter. Applying this alternative AWP on a claim-by-claim basis, I find that the value of DIFFERENCE is strictly greater than zero for 203,166 of the 219,752 claims, which represents 92.5 percent of all claims in the analysis sample. The total value of DIFFERENCE is equal to $680,770 ($483,610 federal), which represents 25.1 percent of Medicaid spending for claims in the analysis sample. My results further indicate that there are 57,125 pharmacy payments that had at least one claim with a value of DIFFERENCE that exceeded zero.[51]

*C. The 2002Q1 to 2002Q2 Period*

As described above, the Louisiana Medicaid claims data are incomplete for the first and second quarter of 2002. According to the MAX data summarized in Table 23B, Louisiana's Medicaid program spent $125,724 on Abbott Complaint products during this six-month period. To estimate the value of DIFFERENCE during this period, I utilize an algorithm that is

[51] Louisiana Medicaid claims data does not include the provider identifier and I thus follow an algorithm similar to the one above for Massachusetts to estimate the number of pharmacy payments with at least one claim with a value of DIFFERENCE greater than zero.

analogous to the one described above for the preceding states that used SMRF/MAX individual-level claims data. Of the 9,365 claims summarized in Table 23B, I drop 15 with a positive other third party payment amount, resulting in a sample of 9,350 claims.

Applying the algorithm described above on a claim-by-claim basis, I determine that 9,164 claims remaining in my sample have a value of DIFFERENCE that exceeds zero. My results further indicate that there are 5,438 pharmacy payments with at least one claim having a DIFFERENCE greater than zero and that the total value of DIFFERENCE is $40,831 ($28,704 federal), which represents 32.5 percent of Louisiana Medicaid spending on Abbott Complaint products in the sample during this period.

*D. The 1994Q1 to 1994Q4 and 2007Q4 to 2008Q1 Periods*

As described above, the Louisiana Medicaid claims data combined with the SMRF / MAX data is incomplete before 1995Q1 and after 2007Q3. According to the SDUD data displayed in Table 23C, the Louisiana Medicaid program spent a total of $313,750 on Complaint products from 1994Q1 to 1994Q4 and from 2007Q4 to 2008Q1. To estimate the total value of DIFFERENCE during these two periods, I utilize an algorithm that is analogous to the one described above for the preceding states.

My findings indicate that Louisiana Medicaid spending would have been $47,926 lower (federal share $35,025) during these before and after periods if 125 percent of the average pharmacy indirect price had been used as the AWP in Louisiana's Medicaid adjudication calculations. My results further indicate that 22,501 of the 29,202 prescriptions during this period had a DIFFERENCE that exceeded zero.

Taken together, my results for Louisiana Medicaid reveal a total DIFFERENCE during the study period of $769,527 along with 234,831 claims and at least 62,563 pharmacy payments that had a DIFFERENCE that exceeded zero. The total value of DIFFERENCE represents 24.4 percent of all Louisiana Medicaid spending considered during the 1994Q1 to 2008Q1 period and the federal share of this DIFFERENCE is $547,339.

**XVIII. Michigan Medicaid**

According to the CMS SDUD data, the state of Michigan was thirteenth among all states in terms of total Medicaid spending on NDC-based claims for Complaint products during the time periods considered. The Michigan Department of Community Health provided the United States with Medicaid claims data. The data included claims with service dates from January of 2000 to June of 2007.

The Michigan Medicaid NDC-based claims data are summarized in Table 24A. There are 72,473 claims for the Complaint NDCs, during the time periods considered with Medicaid spending for these claims equal to $608,204. The first panel of this table lists the number of claims and total Medicaid spending by NDC. All but two of the 43 Complaint NDCs appear in the Michigan Medicaid claims data. Consistent with the data for the U.S. as a whole, Michigan Medicaid spending is greatest for the 74632013 NDC, which accounted for 17.8 percent of Michigan's Medicaid spending on Complaint products.

The second panel of this same table lists the number of claims and total Medicaid spending by year and quarter. When assigning claims to time periods, I use the service date instead of, for example, the prescription date or the adjudication date. As the table shows, there are no claims before 2000Q1 or after 2007Q2. Additionally the data for 2000Q1 through

2000Q3 appears to be incomplete. Michigan Medicaid spending on Complaint products during the time period displayed reached its peak in the first quarter of 2005 and declined by almost 75 percent during the next two years.

*A. Michigan Medicaid Reimbursement*

The state of Michigan employed an adjudication formula that utilized the AWP throughout the time period of interest. The amount by which this AWP was scaled in the state's adjudication formula fell from 0.90 to either 0.849 or 0.865, depending on the type of pharmacy, on September 1, 1995. The standard dispensing fee was equal to $3.72 until October 1, 2000, when it increased to $3.77. It then fell to $2.50 on November 1, 2004.[52]

The sum of the estimated ingredient cost and the dispensing fee is compared with the provider charged amount, with the Michigan Medicaid program paying the lesser of the two. In certain cases, a FUL or SMAC (state maximum allowable cost) price would be used to calculate the estimated ingredient cost if one was in effect for a certain NDC in the relevant time period and if it would result in a lower amount paid. Additionally, through August of 1995, Michigan Medicaid considered the pharmacy's reported actual acquisition cost, and paid this amount (plus the dispensing fee) if it was lower than the calculated or charged amount.

*B. The Impact of Alternative AWPs on Michigan Medicaid Spending: 2000Q4 – 2007Q2*

Of the 72,473 claims summarized in Table 24A, there are 78 compound drug claims, 1,531 that have a non-positive number of units or paid amount, 4 with an amount paid greater than the amount charged, 32 that have service dates in quarters with incomplete data, and 3,899 with a non-zero other third party payment amount. I drop these claims from my analysis sample.

[52] Beginning on November 1, 2004, there was a different dispensing fee of $2.75 for long-term care pharmacies.

I then drop 1,139 claims with an unsupported dispensing fee and 1 for which I do not have an average price from Abbott's transaction data. These revisions leave me with a sample of 65,789 claims accounting for $571,560 in Michigan Medicaid spending.

I then apply an algorithm analogous to the one described above for the preceding states. I use 125 percent of the average pharmacy indirect price as the alternative AWP for each NDC-quarter. Applying this alternative AWP on a claim-by-claim basis, I find that the value of DIFFERENCE is strictly greater than zero for 59,157 claims, which represents 89.9 percent of all claims in the analysis sample. The total value of DIFFERENCE is equal to $143,667 ($81,279 federal), which represents 25.1 percent of Medicaid spending for claims in the analysis sample. My results further indicate that there are 35,094 pharmacy payments that had at least one claim with a value of DIFFERENCE that exceeded zero.

*C. The 1994Q1 to 2000Q3 Period*

As described above, the Michigan Medicaid claims data are incomplete prior to 2000Q4. According to the SMRF/MAX data summarized in Table 24B, Michigan's Medicaid program spent a total of approximately $1.772 million on Complaint products during this period. To estimate the total value of DIFFERENCE from 1994Q1 to 2000Q3, I utilize an algorithm that is analogous to the one described above for the preceding states using SMRF/MAX data. Of the 226,160 claims summarized in Table 24B, I drop 7 with an undefined RATIO as described in equation (3). This results in a sample of 226,153 claims.

Applying the algorithm described above on a claim-by-claim basis, I determine that 197,221 claims remaining in my sample have a value of DIFFERENCE that exceeds zero. My results further indicate that there are 66,566 pharmacy payments with at least one claim having a

DIFFERENCE greater than zero and that the total value of DIFFERENCE is $414,595 ($231,531 federal), which represents 23.4 percent of Michigan Medicaid spending on Abbott Complaint products in the sample during this period.

*D. The 2007Q3 to 2008Q1 Period*

As described above, the Michigan Medicaid claims data are incomplete after 2007Q2. According to the SDUD data displayed in Table 24C, the Michigan Medicaid program spent a total of $33,020 on Complaint products during this period. To estimate the total value of DIFFERENCE from 2007Q3 to 2008Q1, I utilize an algorithm that is analogous to the one described above for the preceding states.

My findings indicate that Michigan Medicaid spending would have been $8,695 lower (federal share $5,012) during these before and after periods if 125 percent of the average pharmacy indirect price had been used as the AWP in Michigan's Medicaid adjudication calculations. My results further indicate that 3,708 of the 3,899 prescriptions during this period had a DIFFERENCE that exceeded zero.

Taken together, my results for Michigan Medicaid reveal a total DIFFERENCE during the study period of approximately $566,957 along with 260,086 claims and at least 101,660 pharmacy payments that had a DIFFERENCE that exceeded zero. The total value of DIFFERENCE represents 23.5 percent of all Michigan Medicaid spending considered during the 1994Q1 to 2008Q1 period and the federal share of this DIFFERENCE is $317,823.

## XIX. Virginia Medicaid

According to the CMS SDUD data, the state of Virginia was seventeenth among all states in terms of total Medicaid spending on NDC-based claims for Complaint products during the time periods considered. The Virginia Department of Medical Assistance Services provided the United States with Medicaid claims data. The data included claims with service dates from August of 1998 to December of 2006.

The Virginia Medicaid NDC-based claims data are summarized in Table 25A. There are 37,011 claims[53] for the Complaint NDCs, during the time periods considered with Medicaid spending for these claims equal to $424,412. The first panel of this table lists the number of claims and total Medicaid spending by NDC. All but one of the 43 Complaint NDCs appear in the Virginia Medicaid claims data. Consistent with the data for the U.S. as a whole, Virginia Medicaid spending is greatest for the 74632013 NDC, which accounted for 23.6 percent of Virginia's Medicaid spending on Complaint products.

The second panel of this same table lists the number of claims and total Medicaid spending by year and quarter. When assigning claims to time periods, I use the service date instead of, for example, the prescription date or the adjudication date. As the table shows, there are no claims after 2006Q4 and the data prior to 2000Q3 appear to be incomplete.

### *A. Virginia Medicaid Reimbursement*

The state of Virginia employed an adjudication formula that utilized the AWP throughout the time period of interest. The amount by which this AWP was scaled in the state's adjudication formula fell from 0.91 to 0.8975 on July 1, 2002, where it remained for the rest of the study

[53] There were initially 38,162 claims but 1,151 of them were dropped from the sample because they represented reversals and their pairs or similar adjustments of earlier claims.

period. The estimated acquisition cost was then added to a dispensing fee, which fell from $4.40 to $4.25 on July 1, 1995, then to $3.75 on July 1, 2003, and increased to $4.00 on July 1, 2005.

The sum of the estimated acquisition cost and the dispensing fee is compared with the provider charged amount, with the Virginia Medicaid program paying the lesser of the two. In certain cases, a FUL or SMAC price would be used to calculate the estimated ingredient cost if one was in effect for a certain NDC in the relevant time period and if it would result in a lower amount paid.

*B. The Impact of Alternative AWPs on Virginia Medicaid Spending: 2000Q3 – 2006Q4*

Of the 37,011 claims summarized in Table 25A, there are 23 with a non-positive number of units or amount paid, 5 with an amount paid greater than the amount charged, 202 from quarters with incomplete data, and 433 with a non-zero other third party payment amount. I drop these claims from my analysis sample. I then drop 28 claims for which I am unable to replicate the amount paid and 24 for which I do not have an average price from Abbott's transaction data. These revisions leave me with a sample of 36,296 claims accounting for $418,413 in Virginia Medicaid spending.

I then apply an algorithm analogous to the one described above for the preceding states. I use 125 percent of the average pharmacy indirect price as the alternative AWP for each NDC-quarter. Applying this alternative AWP on a claim-by-claim basis, I find that the value of DIFFERENCE is strictly greater than zero for 35,705 claims, which represents 98.4 percent of all claims in the analysis sample. The total value of DIFFERENCE is equal to $144,905 ($74,465 federal), which represents 34.6 percent of Medicaid spending for claims in the analysis sample.

My results further indicate that there are 23,557 pharmacy payments that had at least one claim with a value of DIFFERENCE that exceeded zero.[54]

*C. The 1999Q1 to 2000Q2 Period*

As described above, the Virginia Medicaid claims data are incomplete prior to 2000Q3. According to the MAX data summarized in Table 25B, Virginia's Medicaid program spent a total of approximately $156,928 on Complaint products during this period. To estimate the total value of DIFFERENCE from 1999Q1 to 2000Q2, I utilize an algorithm that is analogous to the one described above for the preceding states using SMRF/MAX data. Of the 20,269 claims summarized in Table 25B, I drop 15 with a positive other third party payment amount and 5,574 with a non-positive amount paid. This results in a sample of 14,680 claims with $156,806 in Medicaid spending.

Applying the algorithm described above on a claim-by-claim basis, I determine that 13,590 claims remaining in my sample have a value of DIFFERENCE that exceeds zero. My results further indicate that there are 11,297 pharmacy payments with at least one claim having a DIFFERENCE greater than zero and that the total value of DIFFERENCE is $53,396 ($27,570 federal), which represents 34.1 percent of Virginia Medicaid spending on Abbott Complaint products in the sample during this period.

*D. The 1994Q1 to 1998Q4 and 2007Q1 to 2008Q1 Periods*

As described above, the Virginia Medicaid claims data combined with the SMRF / MAX data is incomplete before 1999Q1 and after 2006Q4. According to the SDUD data displayed in

[54] Virginia Medicaid claims data does not include the provider identifier and I thus follow an algorithm similar to the one above for Massachusetts and Louisiana to estimate the number of pharmacy payments with at least one claim with a value of DIFFERENCE greater than zero.

Tables 25C and 25D, the Virginia Medicaid program spent a total of $1.152 million on Complaint products from 1994Q1 to 1998Q4 and 2007Q1 to 2008Q1. To estimate the total value of DIFFERENCE during these two periods, I utilize an algorithm that is analogous to the one described above for the preceding states.

My findings indicate that Virginia Medicaid spending would have been $345,259 lower (federal share $175,644) during these before and after periods if 125 percent of the average pharmacy indirect price had been used as the AWP in Virginia's Medicaid adjudication calculations. My results further indicate that 100,113 of the 114,554 prescriptions during this period had a DIFFERENCE that exceeded zero.

Taken together, my results for Virginia Medicaid reveal a total DIFFERENCE during the study period of $543,560 along with 149,408 claims and at least 34,854 pharmacy payments that had a DIFFERENCE that exceeded zero. The total value of DIFFERENCE represents 31.4 percent of all Virginia Medicaid spending considered during the 1994Q1 to 2008Q1 period and the federal share of this DIFFERENCE is $277,679.

**XX. Wisconsin Medicaid**

According to the CMS SDUD data, the state of Wisconsin was twenty-fourth among all states in terms of total Medicaid spending on NDC-based claims for Complaint products during the time periods considered. Electronic Data Systems provided the United States with Medicaid claims data, which included service dates from January of 1994 to December of 2005.

The Wisconsin Medicaid NDC-based claims data are summarized in Table 26A. There are 120,696 claims for the Complaint NDCs, during the time periods considered with Medicaid spending for these claims equal to $1.204 million. The first panel of this table lists the number of

claims and total Medicaid spending by NDC. All 43 of the Complaint NDCs appear in the Wisconsin Medicaid claims data. Consistent with the data for the U.S. as a whole, Wisconsin Medicaid spending is greatest for the 74632013 NDC, which accounted for 27.8 percent of Wisconsin's Medicaid spending on Complaint products.

The second panel of this same table lists the number of claims and total Medicaid spending by year and quarter. When assigning claims to time periods, I use the service date instead of, for example, the prescription date or the adjudication date. As the table shows, there are no claims after 2005Q4. Wisconsin Medicaid spending on Complaint products during the time period displayed reached its peak in the first quarter of 1995 and declined steadily during the subsequent years.

*A. Wisconsin Medicaid Reimbursement*

The state of Wisconsin employed an adjudication formula that utilized the AWP throughout the time period of interest. The scaling factor changed over time, from 0.900 through June of 2001 to 0.8875 thereafter. The most common dispensing fee was $4.69 through June of 1997, with this changing to $4.78 in July 1997 and then to $4.88 in July 1998.

The sum of the estimated ingredient cost and the dispensing fee was then compared with the provider charged amount, with the state paying the lesser of the two. In certain cases, a FUL or SMAC (state maximum allowable cost) price would be used to calculate the estimated ingredient cost if one was in effect for a certain NDC in the relevant time period and if it would result in a lower amount paid.

*B. The Impact of Alternative AWPs on Wisconsin Medicaid Spending: 1994Q1 – 2005Q4*

Of the 120,696 claims summarized in Table 26A, there are 563 with a non-positive number of units or paid amount, 1,639 with a non-zero other third party payment amount, and 367 claims with a manual medical cutback. I drop these claims from my analysis sample. I then drop 32,122 claims for which I am unable to replicate the amount paid. These revisions leave me with a sample of 86,005 claims accounting for $870,471 in Wisconsin Medicaid spending.

I then apply an algorithm analogous to the one described above for the preceding states. I use 125 percent of the average pharmacy indirect price as the alternative AWP for each NDC-quarter. Applying this alternative AWP on a claim-by-claim basis, I find that the value of DIFFERENCE is strictly greater than zero for 79,101 claims, which represents 92.0 percent of all claims in the analysis sample. The total value of DIFFERENCE is equal to $205,035 ($120,923 federal), which represents 23.6 percent of Medicaid spending for claims in the analysis sample. My results further indicate that there are 58,260 pharmacy payments that had at least one claim with a value of DIFFERENCE that exceeded zero.

*C. The 2006Q1 to 2008Q1 Period*

As described above, the Wisconsin Medicaid claims data are incomplete after 2005Q4. According to the SDUD data displayed in Table 26B, the Wisconsin Medicaid program spent a total of $67,004 on Complaint products during this period. To estimate the total value of DIFFERENCE from 2006Q1 to 2008Q1, I utilize an algorithm that is analogous to the one described above for the preceding states.

My findings indicate that Wisconsin Medicaid spending would have been $7,524 lower (federal share $4,331) during these before and after periods if 125 percent of the average pharmacy indirect price had been used as the AWP in Wisconsin's Medicaid adjudication

calculations. My results further indicate that 5,864 of the 6,187 prescriptions during this period had a DIFFERENCE that exceeded zero.

Taken together, my results for Wisconsin Medicaid reveal a total DIFFERENCE during the study period of $212,558 along with 84,965 claims and 58,260 pharmacy payments that had a DIFFERENCE that exceeded zero. The total value of DIFFERENCE represents 16.7 percent of all Wisconsin Medicaid spending considered during the 1994Q1 to 2008Q1 period and the federal share of this DIFFERENCE is $125,254.

**XXI. New Jersey Medicaid**

According to the CMS SDUD data, the state of New Jersey was twenty-sixth among all states in terms of total Medicaid spending on NDC-based claims for Complaint products during the time periods considered. The New Jersey Department of Human Services provided the United States with Medicaid claims data. The data included claims with service dates from January of 1994 to December of 2006.

The New Jersey Medicaid NDC-based claims data are summarized in Table 27A. There are 121,923 claims for the Complaint NDCs, during the time periods considered with Medicaid spending for these claims equal to $1.224 million. The first panel of this table lists the number of claims and total Medicaid spending by NDC. All 43 of the Complaint NDCs appear in the New Jersey Medicaid claims data. Consistent with the data for the U.S. as a whole, New Jersey Medicaid spending is greatest for the 74632013 NDC, which accounted for 20.0 percent of New Jersey's Medicaid spending on Complaint products.

The second panel of this same table lists the number of claims and total Medicaid spending by year and quarter. When assigning claims to time periods, I use the service date

instead of, for example, the prescription date or the adjudication date. As the table shows, there are no claims after 2006Q4. Spending for Complaint products peaks in the first quarter of 1995 and declines during the subsequent years.

*A. New Jersey Medicaid Reimbursement*

The state of New Jersey employed an adjudication formula that utilized the AWP throughout the time period of interest. The amount by which this AWP was scaled varied across time periods and also across claims within a time period.[55] In my analyses for New Jersey, I account for the claim-specific scaling factor when determining the amount that would have been paid if 125 percent of Abbott's average pharmacy indirect price had been used as the AWP.

Throughout the time period of interest, the baseline dispensing fee was equal to $3.73, though additional increments could be made to this depending on whether there was 24-hour emergency availability at the pharmacy ($0.11 extra), patient consultation ($0.08 extra), and an "impact allowance" ($0.15 extra). An examination of the claims data reveals that the most common dispensing fee paid for Complaint claims during the time period was $3.92, with the second, third, and fourth most common equal to $4.07, $3.73, and $3.81, respectively.

The sum of the estimated acquisition cost and the dispensing fee is compared with the provider charged amount, with the New Jersey Medicaid program paying the lesser of the two. In certain cases, a FUL would be used to calculate the estimated ingredient cost if one was in effect for a certain NDC in the relevant time period and if it would result in a lower amount paid.

*B. The Impact of Alternative AWPs on New Jersey Medicaid Spending: 1994Q1 – 2006Q4*

[55] The scaling factor depended on the pharmacy's prior year prescription volume, with high volume pharmacies having somewhat lower scaling factors. Additionally, from 1994 through February 20, 1995, this scaling factor also depended on the total ingredient cost, with a scaling factor of 1.00 used if the ingredient cost exceeded $24.99.

Of the 121,923 claims summarized in Table 27A, there are 79 that have a non-positive number of units or paid amount and an additional 295 with a non-zero other third party payment amount. I drop these claims from my analysis sample. I then drop 356 with an unsupported dispensing fee or with an amount paid that is less than the dispensing fee, 330 for which I am unable to replicate the amount paid, and 4 for which I do not have an average price from Abbott's transaction data. These revisions leave me with a sample of 120,859 claims accounting for $1.219 million in New Jersey Medicaid spending.

I then apply an algorithm analogous to the one described above for the preceding states. I use 125 percent of the average pharmacy indirect price as the alternative AWP for each NDC-quarter. Applying this alternative AWP on a claim-by-claim basis, I find that the value of DIFFERENCE is strictly greater than zero for 116,964 claims, which represents 96.8 percent of all claims in the analysis sample. The total value of DIFFERENCE is equal to $354,571 ($177,128 federal), which represents 29.0 percent of Medicaid spending for claims in the analysis sample. My results further indicate that there are 85,818 pharmacy payments that had at least one claim with a value of DIFFERENCE that exceeded zero.

*C. The 2007Q1 to 2008Q1 Period*

As described above, the New Jersey Medicaid claims data are incomplete after 2006Q4. According to the SDUD data displayed in Table 27B, the New Jersey Medicaid program spent a total of approximately $22,805 on Complaint products during this period. To estimate the total value of DIFFERENCE from 2007Q1 to 2008Q1, I utilize an algorithm that is analogous to the one described above for the preceding states.

My findings indicate that New Jersey Medicaid spending would have been approximately $4,465 lower (federal share $2,232) during these before and after periods if 125 percent of the average pharmacy indirect price had been used as the AWP in New Jersey's Medicaid adjudication calculations. My results further indicate that 2,124 of the 2,176 prescriptions during this period had a DIFFERENCE that exceeded zero.

Taken together, my results for New Jersey Medicaid reveal a total DIFFERENCE during the study period of $359,036 along with 119,088 claims and at least 85,818 pharmacy payments that had a DIFFERENCE that exceeded zero. The total value of DIFFERENCE represents 28.8 percent of all New Jersey Medicaid spending considered during the 1994Q1 to 2008Q1 period and the federal share of this DIFFERENCE is $179,360.

**XXII. Medicaid Summary for the First Fifteen States**

According to the SDUD data displayed in Table 11, the fifteen states considered so far account for approximately 74 percent of total Medicaid spending on and 74 percent of total Medicaid prescriptions for Abbott's Complaint products during the time period considered. Table 28 summarizes the results from the analyses described above for each of these 15 states, including the analyses of state-specific claims data, SMRF / MAX / MSIS claims data, and/or CMS SDUD data. In the third column, I list the time period that is relevant for each data source. For example, for the state of New York, I utilized state claims data from 1994Q1 to 2007Q2 and SDUD data for from 2007Q3 to 2008Q1.

The next two columns of the table list the number of NDC-based Medicaid claims with a value of DIFFERENCE greater than zero and the total number of claims considered, respectively. As the third-to-last row of the table shows, the Medicaid program would have paid

less for 6.107 million out of 7.825 million claims (78.0 percent) if the transaction-based AWPs, WACs, and Direct Prices described above had been in effect during the time period of interest for Abbott's Complaint products. The next two columns list the corresponding information for the total value of DIFFERENCE and the total amount of Medicaid spending. My results indicate that Medicaid spending would have been lower by $18.566 million out of $77.169 million paid in these fifteen states during the 1994Q1 to 2008Q1 period. The total value of DIFFERENCE is 24.1 percent of total Medicaid spending for Complaint products during this period.

In the next column, I report the federal share of this DIFFERENCE. In calculating this, I use the federal matching rate in effect for each state in each year. As shown in the table, the federal share of DIFFERENCE for these fifteen states is $10.315 million. The final column lists the number of pharmacy payments with at least one claim with a value of DIFFERENCE greater than zero. My results indicate that there were at least 2.931 million unique pharmacy payments with at least one Medicaid claim with a value of DIFFERENCE greater than zero in these fifteen states during the time period of interest.

**XXIII. Medicaid Summary for the Remaining Thirty-Four States**

For analyses for the remaining 34 (33 + D.C.) states, I utilize the SMRF / MAX and MSIS individual-level claims data as well as the SDUD data described above. When it is available, I use the SMRF / MAX or MSIS claims data, which allows me to construct analysis samples analogous to those described above with the state-level claims data. When this data is not available for a state in a particular year, I instead use the SDUD data.

Tables 29A, 29B, and 29C summarize Medicaid spending on Abbott's 43 Complaint products by state and year for these 34 states in the SMRF / MAX, SDUD, and MSIS data,

respectively. States are sorted in descending order of Medicaid spending on Complaint products during the time period of interest. I follow the approach above and use SMRF/MAX or MSIS claims data when it is available[56] and otherwise use SDUD data. Total NDC-based Medicaid spending in the SMRF / MAX, MSIS, and SDUD data for these 34 states (including the District of Columbia but excluding Arizona and Ohio) during the 1994Q1 to 2007Q4 period[57] is $32.841 million while the total number of claims is 3.226 million.

I begin my analysis of each state's SMRF / MAX and MSIS claims data by applying inclusion criteria analogous to those described above for the fifteen preceding states. For example, I drop claims with a paid amount of zero or with a strictly positive third party payment amount. I then aggregate this data to the NDC-quarter level and merge the resulting file for each of the remaining 34 states to a data set in which the unit of observation is the NDC-quarter, and that is constructed using the fifteen states' Medicaid claims data described above. For each NDC-quarter, I first calculate the average fraction of claims with DIFFERENCE greater than zero across all fifteen states (fewer, if not all fifteen have data). I also calculate the average value of the ratio of DIFFERENCE to the amount of spending on these claims. In calculating these averages, I weight each of the fifteen states that have data for that NDC-quarter equally, while states with no claims data for that NDC-quarter have a weight of zero. I subsequently refer to these averages for NDC j in quarter t as POS-DIFF15$_{jt}$ and DIFF-FRAC15$_{jt}$, respectively.

My comparison of the Medicaid adjudication algorithms used by the 15 states described above with the 34 remaining states suggests that the two groups are quite similar.[58] The vast

[56] I use the MSIS data instead of MAX in 2004 because it has more comprehensive coverage.
[57] I do not consider 2008Q1 for these 33 states because I do not have state claims in this same quarter for any of the preceding fifteen states and thus DIFF-FRAC15 and POS-DIFF15, which are defined below, are missing.
[58] The same is true for Medicaid reimbursement per claim. For example, from 1999 to 2004 when all 49 states have MAX claims data, one can calculate the average amount spent per claim for each NDC in each of the two groups of states. For 31 of 43 NDCs, the average per claim Medicaid spending is higher for the remaining 34 states and these

majority of states in both groups rely primarily on the AWP during the time period of interest, though some also use the WAC. Two of the fifteen states (Florida and Massachusetts) analyzed above were primarily WAC states during the time period of interest versus four (Alabama, Maryland, North Dakota, and Rhode Island) of the thirty-four remaining states.

To estimate the number of claims with a value of DIFFERENCE greater than zero in a state-NDC-quarter, I multiply the number of claims in that cell by POS-DIFF15$_{jt}$. I employ a similar algorithm for the total value of DIFFERENCE for each state-NDC-quarter, multiplying Medicaid spending in that cell by DIFF-FRAC15$_{jt}$. To estimate the number of provider payments with at least one claim with a value of DIFFERENCE greater than zero, I merge the individual claims data from each state's analysis sample with the NDC-quarter data on POS-DIFF15$_{jt}$. I then use an algorithm similar to the one used for other states' SMRF / MAX data above, assigning each claim a probability POS-DIFF15$_{jt}$ of having a value of DIFFERENCE greater than zero and then calculating the implied number of provider payments with at least one claim with a DIFFERENCE greater than zero.

I follow a similar algorithm for the SDUD data. Specifically, I multiply the number of claims in each state-NDC-quarter cell by POS-DIFF15$_{jt}$ to estimate the number of claims with DIFFERENCE greater than zero. Similarly, I multiply Medicaid spending in the state-NDC-quarter cell by DIFF-FRAC15$_{jt}$.

The results from these analyses for the remaining 33 states and the District of Columbia are summarized in Tables 30A and 30B. For virtually every state, I list three sets of information – one that uses SMRF / MAX claims data, another that uses MSIS claims data, and a final one using the SDUD data. The format of the tables is the same as in Table 28 above. Consistent with

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31 NDCs account for 80.6 percent of Medicaid spending. It therefore is not the case that these 34 states had on average have very low reimbursement per claim during this period.

the approach for the fifteen states described above, I do not estimate provider payments when using SDUD data.

Aggregating across these 34 states and employing the algorithms described above, I find that 2.534 million out of 3.226 million claims (78.6 percent) have a value of DIFFERENCE that is greater than zero. This information is listed in the second-to-last row of Table 28. The fraction with a value of DIFFERENCE greater than zero is similar to the corresponding fraction of 78.0 percent for the 15 states considered above.

My results further indicate that the total value of DIFFERENCE for Complaint products during the 1994Q1 to 2007Q4 period in these 34 states is $8.251 million, which represents 25.1 percent of the $32.841 million in Medicaid spending for these same states. This ratio is similar to the corresponding one of 24.1 percent for the 15 preceding states. The federal share of this DIFFERENCE is $5.244 million and the number of pharmacy payments with one or more claims with a value of DIFFERENCE greater than zero is 928,746.

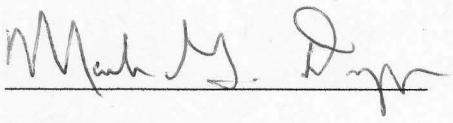
The final row of Table 28 summarizes the results of my NDC-based Medicaid analyses for the 49 states (including D.C.) considered. My results indicate that 8.641 million claims (78.2 percent of the total) have a value of DIFFERENCE greater than zero. I also find a total value of DIFFERENCE of $26.817 million (24.4 percent of total Medicaid spending), with the federal share of this equal to $15.559 million. The total number of unique pharmacy payments with at least one claim with a value of DIFFERENCE greater than zero is 3.860 million. This final number is understated because it does not consider pharmacy payments for those state-NDC-quarter cells in which I use aggregate SDUD data.

**XXIV. Conclusion**

In this report I use data from several different sources to determine the amount by which spending by the federal-state Medicaid program would have changed if prices reflective of the actual prices at which Abbott was transacting business had been used for the AWP, WAC, and Direct Price of Abbott products. For my analyses of the Medicaid program, I focus on the 43 NDCs listed in the Complaint.

The results that I summarize above indicate that federal expenditures for the Medicaid program would have been $15.559 million lower during the 1994Q1 to 2008Q1 period for the 43 NDCs listed in the Complaint. This dollar amount does not include the $11.258 million impact on state governments' Medicaid expenditures.

At various stages in my analysis – indeed at virtually every step where I believed there were two or more acceptable ways to proceed in analyzing the Abbott transaction data and the Medicaid claims and SDUD data – I deliberately chose the conservative approach, that is, the approach that minimized the dollar difference and the number of provider payments and claims reported in the Executive Summary of this Report. My results are also conservative because I have ignored the effect on Medicaid HCPCS claims and have ignored any effect of Abbott AWPs on the FUL or SMAC prices for drugs in the same group.



Mark G. Duggan, Ph.D.

March 27, 2009

**Figure 1: Abbott's FDB DP and AWP versus Abbott's Direct Avg Price for Erythromycin (00074632013)**

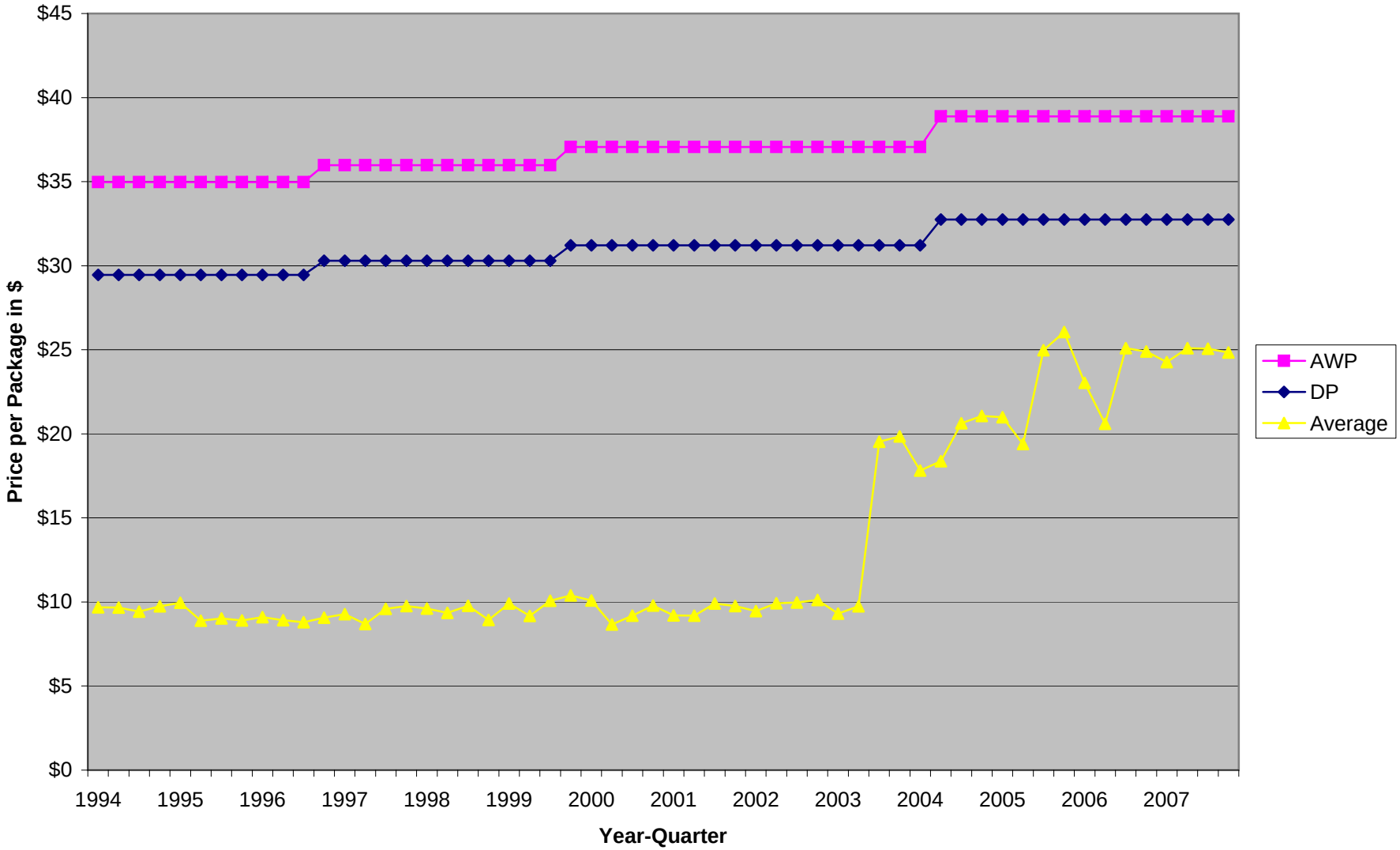


**Figure 2: Abbott's FDB AWP and WAC vs. Indirect Avg Price for Pharm COTs for Eyrthromycin (00074632013)**

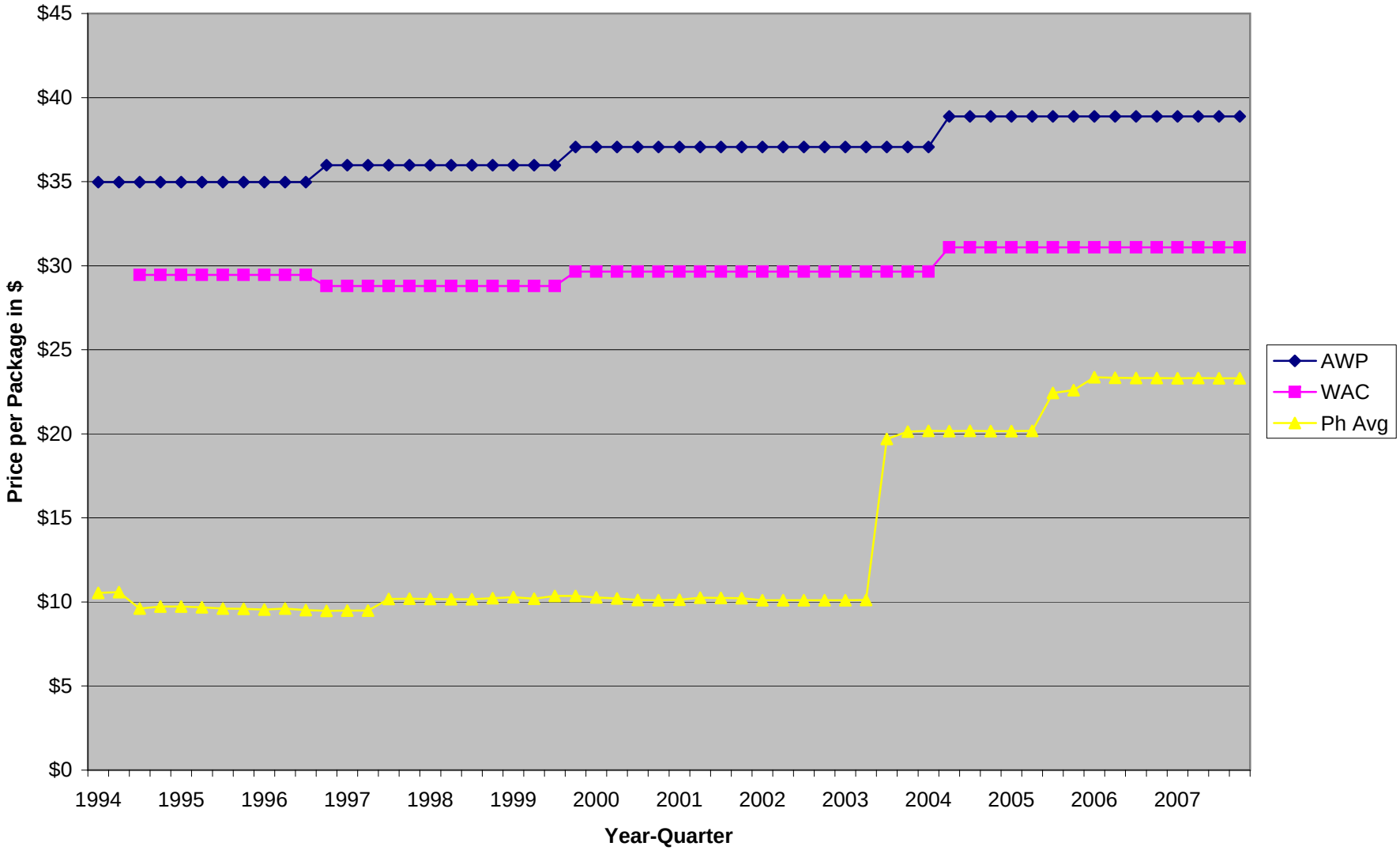


**Table 1: Direct Transaction Data: Observations and Revenues by NDC**

| NDC | # Observations | Sum of Units | Sum of Extprice | Sum of Chargebacks | Net | Price Per | Direct / Price | AWP / Price |
|---|---|---|---|---|---|---|---|---|
| 00074258913 | 161,677 | 2,167,737 | $ 24,714.91 | $ (3,242.77) | $ 21,472.14 | $9.91 | 1.98 | 2.35 |
| 00074258953 | 34,790 | 141,114 | $ 7,436.74 | $ (902.66) | $ 6,534.08 | $46.30 | 2.01 | 2.38 |
| 00074374716 | 129,537 | 1,416,219 | $ 14,697.45 | $ (4,350.35) | $ 10,347.10 | $7.31 | 2.39 | 2.84 |
| 00074374816 | 99,742 | 665,054 | $ 13,736.02 | $ (4,039.93) | $ 9,696.09 | $14.58 | 2.23 | 2.65 |
| 00074572911 | 51,257 | 69,262 | $ 1,176.79 | $ (181.22) | $ 995.57 | $14.37 | 1.50 | 1.78 |
| 00074572913 | 321,158 | 1,246,340 | $ 17,881.17 | $ (2,196.69) | $ 15,684.48 | $12.58 | 1.56 | 1.85 |
| 00074572919 | 4,262 | 25,528 | $ 3,408.69 | $ (241.66) | $ 3,167.03 | $124.06 | 1.40 | 1.66 |
| 00074572953 | 75,475 | 169,858 | $ 11,226.68 | $ (1,652.23) | $ 9,574.45 | $56.37 | 1.65 | 1.96 |
| 00074622713 | 298,616 | 1,686,757 | $ 25,198.48 | $ (2,832.83) | $ 22,365.64 | $13.26 | 1.72 | 2.05 |
| 00074630113 | 191,566 | 1,967,391 | $ 20,846.99 | $ (3,219.84) | $ 17,627.14 | $8.96 | 2.42 | 2.88 |
| 00074630153 | 46,122 | 128,750 | $ 6,881.85 | $ (752.38) | $ 6,129.46 | $47.61 | 2.21 | 2.63 |
| 00074630411 | 96,580 | 194,178 | $ 1,648.32 | $ (530.02) | $ 1,118.30 | $5.76 | 4.03 | 4.78 |
| 00074630413 | 398,299 | 3,050,983 | $ 24,677.43 | $ (4,006.79) | $ 20,670.64 | $6.78 | 3.13 | 3.72 |
| 00074630430 | 479 | 101,232 | $ 188.45 | $ (2.54) | $ 185.91 | $1.84 | 3.46 | 4.11 |
| 00074630440 | 7,778 | 840,192 | $ 2,090.74 | $ (406.82) | $ 1,683.93 | $2.00 | 4.23 | 5.02 |
| 00074630453 | 194,488 | 612,801 | $ 23,428.22 | $ (7,030.06) | $ 16,398.16 | $26.76 | 3.76 | 4.47 |
| 00074630613 | 29,544 | 258,956 | $ 887.00 | $ (31.48) | $ 855.52 | $3.30 | 1.22 | 1.44 |
| 00074630616 | 113,140 | 360,778 | $ 4,082.42 | $ (651.47) | $ 3,430.96 | $9.51 | 1.84 | 2.18 |
| 00074631613 | 367,692 | 2,950,770 | $ 40,217.29 | $ (4,156.06) | $ 36,061.24 | $12.22 | 1.82 | 2.16 |
| 00074632011 | 53,152 | 82,054 | $ 1,121.88 | $ (344.11) | $ 777.77 | $9.48 | 3.50 | 4.16 |
| 00074632013 | 704,963 | 6,675,397 | $ 83,158.98 | $ (8,631.84) | $ 74,527.14 | $11.16 | 2.80 | 3.32 |
| 00074632030 | 3,785 | 896,784 | $ 2,150.00 | $ (64.34) | $ 2,085.66 | $2.33 | 4.47 | 5.31 |
| 00074632053 | 242,769 | 778,959 | $ 48,695.44 | $ (9,290.38) | $ 39,405.06 | $50.59 | 2.93 | 3.48 |
| 00074632111 | 53,074 | 72,073 | $ 1,292.02 | $ (123.63) | $ 1,168.40 | $16.21 | 2.33 | 2.77 |
| 00074632113 | 314,312 | 1,892,100 | $ 34,300.35 | $ (3,929.60) | $ 30,370.75 | $16.05 | 2.23 | 2.65 |
| 00074632611 | 77,015 | 165,178 | $ 1,403.43 | $ (432.78) | $ 970.65 | $5.88 | 2.80 | 3.32 |
| 00074632613 | 241,622 | 1,713,514 | $ 12,107.77 | $ (1,606.59) | $ 10,501.18 | $6.13 | 2.03 | 2.41 |
| 00074632653 | 103,430 | 294,601 | $ 9,752.01 | $ (1,613.35) | $ 8,138.65 | $27.63 | 2.14 | 2.54 |
| 00074634619 | 11,773 | 23,649 | $ 1,460.54 | $ (203.12) | $ 1,257.42 | $53.17 | 2.13 | 2.53 |
| 00074634620 | 227,104 | 1,605,330 | $ 11,428.95 | $ (1,826.37) | $ 9,602.59 | $5.98 | 2.05 | 2.44 |
| 00074634638 | 32,891 | 57,069 | $ 520.75 | $ (66.69) | $ 454.07 | $7.96 | 1.79 | 2.13 |
| 00074634641 | 4,319 | 202,512 | $ 551.31 | $ (66.43) | $ 484.88 | $2.39 | 2.05 | 2.43 |
| 00074634653 | 122,554 | 533,214 | $ 15,787.38 | $ (1,792.28) | $ 13,995.11 | $26.25 | 2.22 | 2.64 |
| 00074636902 | 22,080 | 86,349 | $ 544.50 | $ (44.46) | $ 500.04 | $5.79 | 1.22 | 1.45 |
| 00074636910 | 32,772 | 296,008 | $ 2,705.20 | $ (945.48) | $ 1,759.72 | $5.94 | 2.21 | 2.63 |
| 00074637313 | 19,644 | 106,326 | $ 641.61 | $ (21.76) | $ 619.85 | $5.83 | 1.24 | 1.47 |
| 00074637316 | 75,527 | 195,321 | $ 4,151.44 | $ (741.91) | $ 3,409.54 | $17.46 | 1.87 | 2.22 |
| 00074715613 | 98,705 | 1,378,039 | $ 5,628.02 | $ (582.52) | $ 5,045.50 | $3.66 | 2.94 | 3.49 |
| 00074715643 | 85,984 | 1,707,819 | $ 9,825.69 | $ (881.96) | $ 8,943.73 | $5.24 | 3.04 | 3.61 |
| 00074715653 | 83,391 | 1,275,289 | $ 10,411.30 | $ (1,592.83) | $ 8,818.46 | $6.91 | 3.02 | 3.59 |
| 00074803013 | 169,404 | 856,361 | $ 8,790.65 | $ (3,114.59) | $ 5,676.06 | $6.63 | 2.26 | 2.68 |
| 00074803043 | 113,012 | 775,560 | $ 11,613.36 | $ (3,410.47) | $ 8,202.89 | $10.58 | 2.10 | 2.49 |
| 00074803053 | 126,672 | 1,253,867 | $ 22,767.30 | $ (9,940.85) | $ 12,826.45 | $10.23 | 2.85 | 3.39 |
| Total | 5,642,156 | 40,977,273 | $ 545,235.54 | $ (91,696.12) | $ 453,539.42 | Average | 2.39 | 2.84 |

Dollar values are in thousands. Values exclude returns (instruction codes 60 through 64).

**Table 2: Direct Transaction Data: Observations and Revenues by Year-Quarter**

| Year | Quarter | # Observations | Sum of Units | Sum of Extprice | Sum of Chargebacks | Net | # NDCs |
|---|---|---|---|---|---|---|---|
| 1994 | 1 | 143,965 | 1,469,887 | $ 19,428.08 | $ (2,065.23) | $ 17,362.85 | 40 |
| 1994 | 2 | 118,578 | 1,099,386 | $ 13,394.92 | $ (1,629.68) | $ 11,765.24 | 40 |
| 1994 | 3 | 96,506 | 1,065,204 | $ 13,456.07 | $ (1,117.12) | $ 12,338.95 | 40 |
| 1994 | 4 | 174,615 | 1,534,452 | $ 20,606.84 | $ (2,079.64) | $ 18,527.20 | 40 |
| 1995 | 1 | 254,739 | 1,612,553 | $ 22,625.07 | $ (2,641.05) | $ 19,984.02 | 40 |
| 1995 | 2 | 213,136 | 1,206,721 | $ 14,701.59 | $ (2,967.93) | $ 11,733.66 | 40 |
| 1995 | 3 | 176,034 | 1,012,490 | $ 12,541.75 | $ (1,987.09) | $ 10,554.67 | 43 |
| 1995 | 4 | 227,644 | 1,911,408 | $ 21,822.41 | $ (2,874.51) | $ 18,947.90 | 43 |
| 1996 | 1 | 301,673 | 1,342,884 | $ 17,180.47 | $ (4,323.49) | $ 12,856.99 | 43 |
| 1996 | 2 | 232,545 | 1,024,758 | $ 12,138.14 | $ (2,466.13) | $ 9,672.01 | 43 |
| 1996 | 3 | 190,143 | 887,419 | $ 9,738.49 | $ (1,403.20) | $ 8,335.29 | 43 |
| 1996 | 4 | 234,206 | 1,275,696 | $ 14,806.16 | $ (1,593.75) | $ 13,212.40 | 43 |
| 1997 | 1 | 263,515 | 1,457,259 | $ 16,883.07 | $ (1,933.20) | $ 14,949.87 | 43 |
| 1997 | 2 | 200,674 | 811,452 | $ 9,280.43 | $ (1,283.35) | $ 7,997.08 | 43 |
| 1997 | 3 | 146,904 | 856,530 | $ 9,484.44 | $ (867.97) | $ 8,616.47 | 43 |
| 1997 | 4 | 200,404 | 1,268,947 | $ 14,185.12 | $ (1,183.36) | $ 13,001.76 | 43 |
| 1998 | 1 | 225,646 | 1,048,321 | $ 11,637.13 | $ (1,300.66) | $ 10,336.47 | 43 |
| 1998 | 2 | 164,803 | 699,453 | $ 7,346.12 | $ (885.77) | $ 6,460.35 | 43 |
| 1998 | 3 | 111,954 | 683,254 | $ 7,793.62 | $ (802.28) | $ 6,991.34 | 43 |
| 1998 | 4 | 61,565 | 1,024,540 | $ 10,971.88 | $ (1,246.74) | $ 9,725.14 | 43 |
| 1999 | 1 | 65,212 | 1,097,388 | $ 12,877.74 | $ (1,466.82) | $ 11,410.92 | 43 |
| 1999 | 2 | 53,599 | 621,455 | $ 6,795.19 | $ (935.04) | $ 5,860.15 | 43 |
| 1999 | 3 | 50,260 | 601,918 | $ 7,025.39 | $ (791.69) | $ 6,233.70 | 43 |
| 1999 | 4 | 51,466 | 811,412 | $ 9,543.33 | $ (839.03) | $ 8,704.30 | 43 |
| 2000 | 1 | 57,054 | 821,657 | $ 9,172.75 | $ (940.84) | $ 8,231.90 | 43 |
| 2000 | 2 | 52,347 | 530,525 | $ 6,055.52 | $ (897.78) | $ 5,157.73 | 43 |
| 2000 | 3 | 51,625 | 585,271 | $ 6,501.33 | $ (760.45) | $ 5,740.88 | 43 |
| 2000 | 4 | 60,800 | 777,533 | $ 8,614.96 | $ (1,067.98) | $ 7,546.98 | 43 |
| 2001 | 1 | 60,234 | 697,136 | $ 7,313.93 | $ (1,209.27) | $ 6,104.66 | 43 |
| 2001 | 2 | 54,039 | 468,258 | $ 5,430.76 | $ (811.64) | $ 4,619.12 | 43 |
| 2001 | 3 | 48,158 | 509,173 | $ 6,003.17 | $ (771.58) | $ 5,231.60 | 42 |
| 2001 | 4 | 58,836 | 689,220 | $ 7,806.82 | $ (953.26) | $ 6,853.56 | 42 |
| 2002 | 1 | 52,974 | 502,069 | $ 5,806.52 | $ (1,015.13) | $ 4,791.39 | 42 |
| 2002 | 2 | 48,130 | 485,663 | $ 6,074.84 | $ (804.47) | $ 5,270.37 | 40 |
| 2002 | 3 | 47,746 | 438,557 | $ 5,049.80 | $ (695.32) | $ 4,354.47 | 39 |
| 2002 | 4 | 48,861 | 566,755 | $ 6,489.74 | $ (833.57) | $ 5,656.17 | 33 |
| 2003 | 1 | 47,284 | 463,452 | $ 5,231.38 | $ (925.31) | $ 4,306.08 | 34 |
| 2003 | 2 | 57,003 | 469,713 | $ 5,399.34 | $ (771.24) | $ 4,628.10 | 33 |
| 2003 | 3 | 44,343 | 393,885 | $ 7,824.70 | $ (2,175.96) | $ 5,648.73 | 32 |
| 2003 | 4 | 50,828 | 567,191 | $ 11,369.83 | $ (3,216.33) | $ 8,153.50 | 33 |
| 2004 | 1 | 46,391 | 465,338 | $ 8,971.37 | $ (3,052.77) | $ 5,918.60 | 32 |
| 2004 | 2 | 48,947 | 377,637 | $ 7,761.61 | $ (2,711.05) | $ 5,050.56 | 31 |
| 2004 | 3 | 56,834 | 387,227 | $ 8,102.85 | $ (2,490.11) | $ 5,612.73 | 31 |
| 2004 | 4 | 60,066 | 503,145 | $ 10,602.44 | $ (2,917.75) | $ 7,684.69 | 31 |
| 2005 | 1 | 57,648 | 463,564 | $ 9,066.49 | $ (3,149.43) | $ 5,917.05 | 31 |
| 2005 | 2 | 56,314 | 354,530 | $ 6,708.84 | $ (2,516.89) | $ 4,191.95 | 31 |
| 2005 | 3 | 58,546 | 359,295 | $ 7,943.91 | $ (1,857.02) | $ 6,086.89 | 31 |
| 2005 | 4 | 56,566 | 455,900 | $ 10,417.35 | $ (2,008.86) | $ 8,408.49 | 32 |
| 2006 | 1 | 52,221 | 327,872 | $ 6,685.96 | $ (1,842.30) | $ 4,843.66 | 30 |
| 2006 | 2 | 52,929 | 289,954 | $ 5,496.07 | $ (1,668.40) | $ 3,827.67 | 30 |
| 2006 | 3 | 44,256 | 287,386 | $ 6,027.59 | $ (1,309.18) | $ 4,718.42 | 30 |
| 2006 | 4 | 47,484 | 353,178 | $ 7,344.95 | $ (1,573.11) | $ 5,771.85 | 30 |
| 2007 | 1 | 49,926 | 269,861 | $ 5,642.87 | $ (1,610.09) | $ 4,032.78 | 30 |
| 2007 | 2 | 45,633 | 250,122 | $ 5,134.23 | $ (1,323.17) | $ 3,811.07 | 28 |
| 2007 | 3 | 52,532 | 173,663 | $ 6,439.40 | $ (1,439.78) | $ 4,999.62 | 30 |
| 2007 | 4 | 55,815 | 267,756 | $ 6,480.78 | $ (1,691.38) | $ 4,789.40 | 28 |
| Total | | 5,642,156 | 40,977,273 | $ 545,235.54 | $ (91,696.12) | $ 453,539.42 | 43 |

Dollar values are in thousands. Values exclude returns (instruction codes 60 through 64).

**Table 3: Direct Transaction Data: Observations and Revenues by Instruction and Transaction Codes**

| Description | # Observations | Sum of Units | Sum of Extprice | Sum of Chargebacks | Net | InstrCode | TransCode |
|---|---|---|---|---|---|---|---|
| Normal Billing | 637,596 | 30,029,922 | $ 353,796.28 | $ - | $ 353,796.29 | 0 | 1 |
| Special Price Deal | 215,411 | 5,238,159 | $ 110,750.77 | $ - | $ 110,750.78 | 0 | 4 |
| Manual Split Special Deal | 57,444 | 1,877,137 | $ 37,586.78 | $ - | $ 37,586.78 | 4 | 4 |
| B.O. Shipment | 42,974 | 2,532,432 | $ 35,679.30 | $ - | $ 35,679.30 | 1 | 2 |
| Manual Split | 25,382 | 1,376,644 | $ 14,175.80 | $ - | $ 14,175.80 | 4 | 1 |
| Add. Prod. Charge | 13,396 | 1,877 | $ 10,566.87 | $ - | $ 10,566.87 | 7 | 1 |
| B.O. Shipment 1** | 1,988 | 157,164 | $ 1,851.28 | $ - | $ 1,851.28 | 1 | 1 |
| Bill-Do-Not-Ship | 481 | 30,551 | $ 346.35 | $ - | $ 346.35 | 5 | 1 |
| Reverse 60 or 74 | 5,027 | 140,640 | $ 42.07 | $ - | $ 42.07 | 13 | 1 |
| Mch. Td By Sales Rep | 66 | 1,963 | $ 36.15 | $ - | $ 36.15 | 6 | 1 |
| Normal Billing | 12 | 411 | $ 8.30 | $ - | $ 8.30 | 0 | 2 |
| Manual Split 2**** | 6 | 186 | $ 3.92 | $ - | $ 3.92 | 4 | 2 |
| Exchange Account | 1 | 0 | $ 1.74 | $ - | $ 1.74 | 9 | 1 |
| Back Order 4*** | 5 | 41 | $ 0.56 | $ - | $ 0.56 | 1 | 4 |
| Adjust Non-Prod Lines | 11 | 0 | $ (2.25) | $ - | $ (2.25) | 71 | 1 |
| Mdse Td By Sales Rep | 90 | -2,690 | $ (58.48) | $ - | $ (58.48) | 83 | 1 |
| Short Ship | 783 | -38,644 | $ (493.89) | $ - | $ (493.89) | 84 | 1 |
| Customer Allowance | 10,096 | -368,746 | $ (837.00) | $ - | $ (837.00) | 74 | 1 |
| Adjust Product Price | 280,181 | 0 | $ (18,220.14) | $ - | $ (18,220.14) | 70 | 1 |
| Chargeback* | 4,351,206 | 226 | $ 1.13 | $ (91,696.12) | $ (91,694.99) | | 1 |
| Total | 5,642,156 | 40,977,273 | $ 545,235.54 | $ (91,696.12) | $ 453,539.42 | | |

Dollar values are in thousands. Values exclude returns (instruction codes 60 through 64).
Note the category "Chargeback*" in this table is defined by the InstrCode and TransCode pair listed whereas PPD chargebacks (e.g., values listed in the "Sum of Chargebacks" column) are identified based on P1 and P2 branch codes.

**Table 4: Direct Transaction Data: Observations and Revenues by Class of Trade**

| COT Code Meaning | Code | # Obs | Sum of Units | Sum of Extprice | Sum of Cbacks | Net | Avg Ratio | # Ratios |
|---|---|---|---|---|---|---|---|---|
| WHOLESALER (FDA REGISTRY NUMBER MUST BE SHOWN ON CSM | W050 | 5,209,904 | 18,203,837 | $ 321,765.20 | $ (91,618.61) | $ 230,146.59 | 1.037 | 2,054 |
| CHAIN PHARMACY WAREHOUSE | A077 | 187,703 | 17,696,767 | $ 181,801.26 | $ - | $ 181,801.26 | 0.967 | 1,356 |
| KAISER HOSPITAL INPATIENT PHARMACY - NON-PROFIT HMO | HK21 | 3,850 | 2,282,745 | $ 10,926.30 | $ - | $ 10,926.30 | 0.860 | 641 |
| RETAIL PHARMACY | A003 | 122,814 | 475,365 | $ 6,989.32 | $ - | $ 6,989.32 | 1.304 | 1,482 |
| PHYSICIANS SUPPLY HOUSES | A012 | 7,278 | 443,668 | $ 5,637.17 | $ (0.03) | $ 5,637.14 | 1.130 | 1,014 |
| CHAIN PHARMACY | A007 | 25,707 | 360,239 | $ 3,762.40 | $ - | $ 3,762.40 | 1.188 | 1,054 |
| KAISER HOSPITAL OUTPATIENT PHARMACY - NON-PROFIT HMO | HK26 | 846 | 141,853 | $ 2,485.39 | $ - | $ 2,485.39 | 0.782 | 255 |
| DEFENSE PERSONNEL SUPPORT CENTER DEPOT | US60 | 1,680 | 283,895 | $ 1,364.53 | $ - | $ 1,364.53 | 0.681 | 151 |
| RESEARCH FOUNDATION AND PHARMACY MFG. | A073 | 1,342 | 54,133 | $ 1,208.27 | $ (17.34) | $ 1,190.93 | 1.249 | 354 |
| PUBLIC HEALTH DEPOT | US66 | 274 | 233,557 | $ 1,149.07 | $ - | $ 1,149.07 | 0.805 | 130 |
| DISTRIBUTOR | M060 | 5,185 | 62,522 | $ 871.73 | $ - | $ 871.73 | 1.538 | 642 |
| STATE UNIFORM PRICING | AW50 | 8,253 | 48,769 | $ 892.06 | $ (49.25) | $ 842.80 | 1.169 | 610 |
| MISC STATE-TAX SUPPORTED HOSP ADMIN OFFICES | TP26 | 1,601 | 64,353 | $ 577.13 | $ - | $ 577.13 | 1.181 | 498 |
| CITY OR COUNTY HOSPITAL | T022 | 7,618 | 56,319 | $ 517.60 | $ - | $ 517.60 | 0.990 | 642 |
| REMAINING 79 CLASSES OF TRADE | ---- | 58,101 | 569,251 | $ 5,288.07 | $ (10.90) | $ 5,277.17 | 0.981 | 1,434 |
| Total | | 5,642,156 | 40,977,273 | $ 545,235.54 | $ (91,696.12) | $ 453,539.42 | | |

Dollar values are in thousands. Values exclude returns (instruction codes 60 through 64).

**Table 5: Comparison of Price Statistics with Direct Price for Erythromycin 00074632013**

| | | | | All Direct Customers | | | | Pharmacy Direct Customers | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Year | Quarter | WAC | Direct Price | Avg Price | 95th Pctile | # Customers | # Transactions | Avg Price | 95th Pctile | # Customers | # Transactions |
| 1994 | 1 | | 29.450 | 9.682 | 12.150 | 2,078 | 10,549 | 11.543 | 12.150 | 1,186 | 1,282 |
| 1994 | 2 | | 29.450 | 9.662 | 12.150 | 1,957 | 9,027 | 10.292 | 12.150 | 1,130 | 1,210 |
| 1994 | 3 | 29.450 | 29.450 | 9.433 | 12.150 | 1,981 | 8,942 | 12.835 | 29.450 | 1,248 | 1,318 |
| 1994 | 4 | 29.450 | 29.450 | 9.744 | 12.150 | 1,673 | 21,222 | 12.837 | 29.450 | 1,249 | 1,320 |
| 1995 | 1 | 29.450 | 29.450 | 9.960 | 14.094 | 1,897 | 32,934 | 16.551 | 29.450 | 1,520 | 1,620 |
| 1995 | 2 | 29.450 | 29.450 | 8.889 | 12.006 | 1,804 | 30,094 | 12.582 | 29.450 | 1,398 | 1,480 |
| 1995 | 3 | 29.450 | 29.450 | 9.022 | 11.555 | 1,811 | 23,176 | 11.498 | 29.450 | 1,406 | 1,479 |
| 1995 | 4 | 29.450 | 29.450 | 8.898 | 11.909 | 1,917 | 30,735 | 5.127 | 29.450 | 1,443 | 1,561 |
| 1996 | 1 | 29.450 | 29.450 | 9.091 | 11.366 | 1,888 | 47,396 | 10.535 | 29.450 | 1,471 | 1,546 |
| 1996 | 2 | 29.450 | 29.450 | 8.914 | 11.115 | 1,854 | 36,876 | 10.822 | 29.450 | 1,448 | 1,533 |
| 1996 | 3 | 29.450 | 29.450 | 8.791 | 10.993 | 1,700 | 26,473 | 10.318 | 25.920 | 1,260 | 1,335 |
| 1996 | 4 | 28.790 | 30.300 | 9.067 | 11.243 | 1,243 | 41,153 | 9.685 | 9.950 | 850 | 908 |
| 1997 | 1 | 28.790 | 30.300 | 9.282 | 11.620 | 1,558 | 44,088 | 9.649 | 9.950 | 1,114 | 1,199 |
| 1997 | 2 | 28.790 | 30.300 | 8.689 | 11.278 | 1,788 | 32,558 | 9.983 | 9.950 | 1,298 | 1,384 |
| 1997 | 3 | 28.790 | 30.300 | 9.589 | 11.759 | 1,693 | 24,375 | 10.626 | 10.650 | 1,181 | 1,283 |
| 1997 | 4 | 28.790 | 30.300 | 9.755 | 11.784 | 1,859 | 36,194 | 10.162 | 10.650 | 1,301 | 1,415 |
| 1998 | 1 | 28.790 | 30.300 | 9.601 | 11.632 | 2,230 | 44,071 | 10.394 | 10.650 | 1,663 | 1,799 |
| 1998 | 2 | 28.790 | 30.300 | 9.352 | 10.823 | 2,092 | 28,017 | 10.492 | 10.650 | 1,567 | 1,685 |
| 1998 | 3 | 28.790 | 30.300 | 9.765 | 11.366 | 964 | 15,593 | 9.911 | 10.650 | 593 | 676 |
| 1998 | 4 | 28.790 | 30.300 | 8.937 | 11.047 | 211 | 3,529 | 9.415 | 10.475 | 32 | 115 |
| 1999 | 1 | 28.790 | 30.300 | 9.905 | 11.808 | 237 | 3,572 | 9.600 | 10.597 | 34 | 123 |
| 1999 | 2 | 28.790 | 30.300 | 9.167 | 10.894 | 191 | 2,745 | 10.130 | 10.584 | 33 | 83 |
| 1999 | 3 | 28.790 | 30.300 | 10.080 | 12.389 | 183 | 2,899 | 10.146 | 10.841 | 27 | 71 |
| 1999 | 4 | 29.650 | 31.210 | 10.396 | 12.382 | 198 | 3,100 | 10.137 | 10.868 | 26 | 78 |
| 2000 | 1 | 29.650 | 31.210 | 10.082 | 12.357 | 205 | 3,392 | 10.125 | 10.841 | 33 | 84 |
| 2000 | 2 | 29.650 | 31.210 | 8.655 | 12.041 | 200 | 3,142 | 11.098 | 10.950 | 38 | 68 |
| 2000 | 3 | 29.650 | 31.210 | 9.186 | 11.480 | 159 | 2,851 | 10.064 | 10.732 | 19 | 36 |
| 2000 | 4 | 29.650 | 31.210 | 9.782 | 11.587 | 214 | 3,613 | 10.980 | 10.863 | 57 | 92 |
| 2001 | 1 | 29.650 | 31.210 | 9.205 | 10.862 | 207 | 3,374 | 11.559 | 31.210 | 47 | 70 |
| 2001 | 2 | 29.650 | 31.210 | 9.180 | 10.851 | 204 | 3,421 | 11.242 | 12.385 | 54 | 70 |
| 2001 | 3 | 29.650 | 31.210 | 9.914 | 12.219 | 195 | 3,118 | 10.769 | 12.400 | 37 | 52 |
| 2001 | 4 | 29.650 | 31.210 | 9.754 | 11.140 | 199 | 3,807 | 11.372 | 12.354 | 33 | 69 |
| 2002 | 1 | 29.650 | 31.210 | 9.453 | 11.043 | 201 | 3,618 | 10.773 | 12.385 | 37 | 67 |
| 2002 | 2 | 29.650 | 31.210 | 9.924 | 11.656 | 197 | 3,641 | 10.781 | 12.448 | 34 | 70 |
| 2002 | 3 | 29.650 | 31.210 | 9.971 | 12.510 | 170 | 3,179 | 11.779 | 10.406 | 14 | 58 |
| 2002 | 4 | 29.650 | 31.210 | 10.114 | 11.405 | 149 | 3,494 | 15.565 | 29.453 | 13 | 50 |
| 2003 | 1 | 29.650 | 31.210 | 9.307 | 10.330 | 139 | 3,223 | 10.071 | 10.366 | 7 | 42 |
| 2003 | 2 | 29.650 | 31.210 | 9.749 | 10.568 | 156 | 4,373 | 10.139 | 10.375 | 25 | 91 |
| 2003 | 3 | 29.650 | 31.210 | 19.528 | 23.977 | 138 | 3,170 | 19.810 | 20.230 | 11 | 33 |
| 2003 | 4 | 29.650 | 31.210 | 19.842 | 24.603 | 137 | 3,560 | 19.561 | 20.159 | 9 | 25 |
| 2004 | 1 | 29.650 | 31.210 | 17.817 | 21.482 | 131 | 3,060 | 20.008 | 20.103 | 9 | 27 |
| 2004 | 2 | 31.100 | 32.740 | 18.375 | 22.187 | 147 | 3,522 | 19.548 | 20.280 | 16 | 24 |
| 2004 | 3 | 31.100 | 32.740 | 20.630 | 30.909 | 141 | 4,496 | 20.088 | 20.193 | 11 | 28 |
| 2004 | 4 | 31.100 | 32.740 | 21.063 | 30.671 | 130 | 4,819 | 19.778 | 19.943 | 8 | 23 |
| 2005 | 1 | 31.100 | 32.740 | 20.993 | 30.812 | 142 | 4,216 | 19.825 | 20.078 | 15 | 38 |
| 2005 | 2 | 31.100 | 32.740 | 19.401 | 30.763 | 112 | 4,188 | 19.747 | 19.997 | 10 | 26 |
| 2005 | 3 | 31.100 | 32.740 | 24.969 | 30.788 | 121 | 4,736 | 25.914 | 30.645 | 14 | 37 |
| 2005 | 4 | 31.100 | 32.740 | 26.051 | 31.029 | 111 | 4,520 | 22.731 | 30.633 | 8 | 21 |
| 2006 | 1 | 31.100 | 32.740 | 23.036 | 30.757 | 104 | 4,288 | 22.649 | 22.915 | 6 | 20 |
| 2006 | 2 | 31.100 | 32.740 | 20.599 | 30.816 | 95 | 2,929 | 23.079 | 23.384 | 16 | 23 |
| 2006 | 3 | 31.100 | 32.740 | 25.093 | 30.950 | 77 | 2,371 | 23.277 | 23.384 | 7 | 17 |
| 2006 | 4 | 31.100 | 32.740 | 24.896 | 30.807 | 75 | 2,471 | 23.135 | 23.556 | 6 | 13 |
| 2007 | 1 | 31.100 | 32.740 | 24.264 | 30.857 | 74 | 2,360 | 22.879 | 23.195 | 5 | 19 |
| 2007 | 2 | 31.100 | 32.740 | 25.095 | 30.770 | 77 | 2,361 | 23.159 | 23.620 | 8 | 16 |
| 2007 | 3 | 31.100 | 32.740 | 25.064 | 30.816 | 87 | 2,656 | | | | |
| 2007 | 4 | 31.100 | 32.740 | 24.841 | 30.835 | 77 | 2,806 | 22.085 | 23.620 | 8 | 13 |
| Average | | 29.828 | | 13.598 | 17.242 | 707 | 11,966 | 14.161 | 18.280 | 456 | 506 |

**Table 6: Indirect Transaction Data: Observations and Revenues by NDC**

| NDC | # Observations | Sum of Units | Sum of Credits | Sum of Debits | Net | Price Per | AWP in 00Q4 |
|---|---|---|---|---|---|---|---|
| 00074258913 | 436,209 | 508,341 | $ 5,443.27 | $ (107.61) | $ 5,335.66 | $10.50 | $23.24 |
| 00074258953 | 30,751 | 36,557 | $ 1,811.08 | $ (86.95) | $ 1,724.13 | $47.16 | $110.38 |
| 00074374716 | 356,602 | 504,049 | $ 3,514.20 | $ (59.39) | $ 3,454.81 | $6.85 | $20.76 |
| 00074374816 | 190,730 | 247,152 | $ 3,129.84 | $ (72.14) | $ 3,057.71 | $12.37 | $38.67 |
| 00074572911 | 39,545 | 43,121 | $ 619.31 | $ (22.17) | $ 597.14 | $13.85 | $25.61 |
| 00074572913 | 418,254 | 516,685 | $ 6,618.31 | $ (168.47) | $ 6,449.83 | $12.48 | $23.24 |
| 00074572919 | 2,393 | 5,826 | $ 643.82 | $ (22.71) | $ 621.11 | $106.61 | $205.52 |
| 00074572953 | 61,673 | 80,385 | $ 4,764.55 | $ (161.95) | $ 4,602.59 | $57.26 | $110.38 |
| 00074622713 | 573,783 | 744,081 | $ 10,383.02 | $ (203.25) | $ 10,179.77 | $13.68 | $27.15 |
| 00074630113 | 341,624 | 406,922 | $ 3,823.46 | $ (120.14) | $ 3,703.32 | $9.10 | $25.77 |
| 00074630153 | 34,934 | 46,934 | $ 2,166.14 | $ (84.72) | $ 2,081.42 | $44.35 | $124.98 |
| 00074630411 | 82,884 | 126,861 | $ 663.11 | $ (16.50) | $ 646.60 | $5.10 | $27.55 |
| 00074630413 | 716,831 | 1,079,669 | $ 8,228.10 | $ (174.78) | $ 8,053.32 | $7.46 | $25.18 |
| 00074630430 | 231 | 3,049 | $ 5.57 | $ (0.19) | $ 5.38 | $1.76 | $7.55 |
| 00074630440 | 6,140 | 300,116 | $ 629.86 | $ (12.48) | $ 617.38 | $2.06 | $10.07 |
| 00074630453 | 210,717 | 369,276 | $ 10,015.11 | $ (250.46) | $ 9,764.66 | $26.44 | $119.58 |
| 00074630613 | 16,590 | 49,706 | $ 156.00 | $ (1.63) | $ 154.37 | $3.11 | $4.77 |
| 00074630616 | 107,332 | 149,996 | $ 1,383.24 | $ (28.32) | $ 1,354.92 | $9.03 | $20.76 |
| 00074631613 | 635,628 | 994,269 | $ 12,634.31 | $ (263.13) | $ 12,371.18 | $12.44 | $26.35 |
| 00074632011 | 41,577 | 45,943 | $ 333.02 | $ (12.50) | $ 320.52 | $6.98 | $39.44 |
| 00074632013 | 1,439,401 | 1,772,426 | $ 22,601.69 | $ (380.98) | $ 22,220.71 | $12.54 | $37.06 |
| 00074632030 | 3,326 | 43,306 | $ 113.41 | $ (0.57) | $ 112.85 | $2.61 | $12.35 |
| 00074632053 | 294,164 | 420,525 | $ 21,834.33 | $ (545.46) | $ 21,288.87 | $50.62 | $176.05 |
| 00074632111 | 41,648 | 51,145 | $ 817.80 | $ (20.90) | $ 796.90 | $15.58 | $44.88 |
| 00074632113 | 566,727 | 778,692 | $ 13,697.13 | $ (263.39) | $ 13,433.74 | $17.25 | $42.50 |
| 00074632611 | 75,264 | 117,845 | $ 628.01 | $ (11.04) | $ 616.97 | $5.24 | $19.53 |
| 00074632613 | 430,948 | 626,554 | $ 4,131.77 | $ (68.10) | $ 4,063.67 | $6.49 | $14.78 |
| 00074632653 | 92,070 | 134,767 | $ 3,565.05 | $ (107.08) | $ 3,457.97 | $25.66 | $70.24 |
| 00074634619 | 9,049 | 11,728 | $ 656.89 | $ (54.39) | $ 602.49 | $51.37 | $134.42 |
| 00074634620 | 369,794 | 586,414 | $ 3,592.72 | $ (73.01) | $ 3,519.71 | $6.00 | $14.58 |
| 00074634638 | 24,297 | 34,428 | $ 261.51 | $ (9.24) | $ 252.27 | $7.33 | $16.96 |
| 00074634641 | 3,327 | 107,352 | $ 270.01 | $ (6.78) | $ 263.23 | $2.45 | $5.83 |
| 00074634653 | 121,192 | 167,063 | $ 4,738.35 | $ (150.28) | $ 4,588.07 | $27.46 | $69.29 |
| 00074636902 | 16,428 | 30,363 | $ 164.28 | $ (6.00) | $ 158.28 | $5.21 | $8.38 |
| 00074636910 | 26,969 | 170,580 | $ 1,109.81 | $ (21.94) | $ 1,087.86 | $6.38 | $15.61 |
| 00074637313 | 8,985 | 21,305 | $ 118.30 | $ (1.28) | $ 117.02 | $5.49 | $8.57 |
| 00074637316 | 64,478 | 88,120 | $ 1,446.72 | $ (41.12) | $ 1,405.59 | $15.95 | $38.67 |
| 00074715613 | 176,490 | 384,864 | $ 1,357.47 | $ (39.21) | $ 1,318.27 | $3.43 | $12.77 |
| 00074715643 | 157,342 | 392,148 | $ 1,980.18 | $ (59.86) | $ 1,920.32 | $4.90 | $18.88 |
| 00074715653 | 144,514 | 447,566 | $ 2,822.04 | $ (77.25) | $ 2,744.79 | $6.13 | $24.82 |
| 00074803013 | 145,152 | 438,320 | $ 2,529.13 | $ (63.66) | $ 2,465.47 | $5.62 | $17.75 |
| 00074803043 | 97,398 | 337,645 | $ 3,036.46 | $ (77.65) | $ 2,958.81 | $8.76 | $26.37 |
| 00074803053 | 107,655 | 700,959 | $ 6,567.80 | $ (170.80) | $ 6,397.00 | $9.13 | $34.63 |
| Total | 8,721,046 | 14,123,053 | $ 175,006.15 | $ (4,119.47) | $ 170,886.69 | - | - |

Dollar values are in thousands.

**Table 7: Indirect Transaction Data: Observations and Revenues by Year-Quarter**

| Year | Quarter | # Observations | Sum of Units | Sum of Credits | Sum of Debits | Net | # NDCs |
|---|---|---|---|---|---|---|---|
| 1994 | 1 | 105,004 | 263,521 | $ 2,490.68 | $ (39.98) | $ 2,450.69 | 36 |
| 1994 | 2 | 80,757 | 200,164 | $ 1,990.83 | $ (50.63) | $ 1,940.21 | 37 |
| 1994 | 3 | 85,193 | 176,239 | $ 1,891.80 | $ (33.06) | $ 1,858.74 | 39 |
| 1994 | 4 | 172,125 | 370,161 | $ 4,237.12 | $ (67.81) | $ 4,169.31 | 39 |
| 1995 | 1 | 218,257 | 465,763 | $ 5,506.27 | $ (133.31) | $ 5,372.96 | 39 |
| 1995 | 2 | 166,126 | 343,270 | $ 3,959.13 | $ (77.35) | $ 3,881.77 | 39 |
| 1995 | 3 | 146,170 | 276,331 | $ 3,406.91 | $ (97.18) | $ 3,309.73 | 42 |
| 1995 | 4 | 239,170 | 489,553 | $ 5,634.56 | $ (122.81) | $ 5,511.75 | 42 |
| 1996 | 1 | 238,312 | 471,592 | $ 5,534.85 | $ (130.42) | $ 5,404.43 | 42 |
| 1996 | 2 | 187,284 | 351,826 | $ 4,136.21 | $ (90.41) | $ 4,045.80 | 42 |
| 1996 | 3 | 149,656 | 251,982 | $ 2,893.74 | $ (74.89) | $ 2,818.85 | 43 |
| 1996 | 4 | 223,749 | 364,122 | $ 4,258.75 | $ (93.39) | $ 4,165.37 | 43 |
| 1997 | 1 | 221,042 | 381,937 | $ 4,401.60 | $ (81.00) | $ 4,320.60 | 43 |
| 1997 | 2 | 162,879 | 263,888 | $ 2,972.33 | $ (64.45) | $ 2,907.87 | 43 |
| 1997 | 3 | 129,571 | 207,134 | $ 2,458.66 | $ (49.34) | $ 2,409.32 | 43 |
| 1997 | 4 | 173,259 | 272,685 | $ 3,226.17 | $ (54.36) | $ 3,171.81 | 43 |
| 1998 | 1 | 183,972 | 295,063 | $ 3,400.08 | $ (75.50) | $ 3,324.57 | 43 |
| 1998 | 2 | 123,208 | 188,880 | $ 2,141.46 | $ (59.48) | $ 2,081.98 | 43 |
| 1998 | 3 | 115,850 | 185,238 | $ 2,139.98 | $ (62.62) | $ 2,077.36 | 43 |
| 1998 | 4 | 144,524 | 303,811 | $ 3,433.85 | $ (123.24) | $ 3,310.61 | 43 |
| 1999 | 1 | 173,604 | 350,465 | $ 3,859.00 | $ (76.41) | $ 3,782.59 | 43 |
| 1999 | 2 | 120,668 | 225,277 | $ 2,479.75 | $ (47.78) | $ 2,431.98 | 43 |
| 1999 | 3 | 106,825 | 191,326 | $ 2,205.13 | $ (69.77) | $ 2,135.36 | 43 |
| 1999 | 4 | 145,635 | 275,929 | $ 3,108.83 | $ (49.76) | $ 3,059.07 | 43 |
| 2000 | 1 | 154,652 | 265,440 | $ 2,937.47 | $ (147.64) | $ 2,789.82 | 43 |
| 2000 | 2 | 185,272 | 236,445 | $ 2,937.81 | $ (383.70) | $ 2,554.12 | 43 |
| 2000 | 3 | 159,329 | 225,304 | $ 2,595.20 | $ (193.39) | $ 2,401.82 | 43 |
| 2000 | 4 | 187,340 | 279,927 | $ 3,119.24 | $ (137.08) | $ 2,982.15 | 43 |
| 2001 | 1 | 200,887 | 312,121 | $ 3,355.52 | $ (121.66) | $ 3,233.86 | 43 |
| 2001 | 2 | 150,627 | 224,803 | $ 2,458.38 | $ (53.89) | $ 2,404.50 | 43 |
| 2001 | 3 | 137,108 | 201,456 | $ 2,204.59 | $ (55.95) | $ 2,148.64 | 42 |
| 2001 | 4 | 181,771 | 270,021 | $ 2,934.92 | $ (68.40) | $ 2,866.53 | 42 |
| 2002 | 1 | 190,317 | 285,530 | $ 2,879.00 | $ (49.86) | $ 2,829.14 | 41 |
| 2002 | 2 | 143,374 | 208,583 | $ 2,309.78 | $ (42.13) | $ 2,267.65 | 38 |
| 2002 | 3 | 131,862 | 183,423 | $ 2,071.02 | $ (54.13) | $ 2,016.89 | 36 |
| 2002 | 4 | 157,103 | 218,989 | $ 2,367.37 | $ (34.40) | $ 2,332.97 | 33 |
| 2003 | 1 | 167,790 | 233,806 | $ 2,462.78 | $ (31.91) | $ 2,430.87 | 34 |
| 2003 | 2 | 139,724 | 196,602 | $ 2,094.37 | $ (40.49) | $ 2,053.88 | 33 |
| 2003 | 3 | 146,528 | 200,137 | $ 2,980.81 | $ (84.34) | $ 2,896.47 | 32 |
| 2003 | 4 | 196,617 | 271,363 | $ 4,050.32 | $ (77.99) | $ 3,972.33 | 31 |
| 2004 | 1 | 184,907 | 251,168 | $ 3,770.88 | $ (81.93) | $ 3,688.95 | 31 |
| 2004 | 2 | 161,076 | 217,316 | $ 3,181.31 | $ (70.19) | $ 3,111.12 | 31 |
| 2004 | 3 | 154,116 | 207,864 | $ 3,040.41 | $ (80.76) | $ 2,959.65 | 31 |
| 2004 | 4 | 175,037 | 236,741 | $ 3,454.30 | $ (74.43) | $ 3,379.87 | 31 |
| 2005 | 1 | 195,766 | 267,798 | $ 3,846.43 | $ (59.63) | $ 3,786.80 | 31 |
| 2005 | 2 | 152,152 | 210,700 | $ 3,008.39 | $ (28.07) | $ 2,980.32 | 31 |
| 2005 | 3 | 124,871 | 172,828 | $ 2,788.29 | $ (30.73) | $ 2,757.56 | 30 |
| 2005 | 4 | 140,707 | 203,054 | $ 3,358.01 | $ (36.63) | $ 3,321.38 | 30 |
| 2006 | 1 | 148,280 | 200,811 | $ 3,429.92 | $ (40.05) | $ 3,389.87 | 30 |
| 2006 | 2 | 124,316 | 172,232 | $ 2,903.27 | $ (37.83) | $ 2,865.44 | 30 |
| 2006 | 3 | 111,639 | 150,817 | $ 2,526.33 | $ (27.96) | $ 2,498.36 | 30 |
| 2006 | 4 | 128,487 | 172,382 | $ 2,941.49 | $ (28.99) | $ 2,912.50 | 30 |
| 2007 | 1 | 135,698 | 179,445 | $ 3,026.90 | $ (40.29) | $ 2,986.62 | 30 |
| 2007 | 2 | 113,744 | 149,716 | $ 2,467.75 | $ (25.52) | $ 2,442.23 | 28 |
| 2007 | 3 | 111,087 | 168,174 | $ 2,834.26 | $ (35.22) | $ 2,799.04 | 27 |
| 2007 | 4 | 116,022 | 181,900 | $ 2,901.95 | $ (19.36) | $ 2,882.59 | 25 |
| Total | | 8,721,046 | 14,123,053 | $ 175,006.15 | $ (4,119.47) | $ 170,886.69 | 43 |

Dollar values are in thousands.

**Table 8: Indirect Transaction Data: Observations and Revenues by Class of Trade**

| COT Code Meaning | Code | # Observations | Sum of Units | Sum of Credits | Sum of Debits | Net | Avg Ratio | # Ratios |
|---|---|---|---|---|---|---|---|---|
| RETAIL PHARMACY | A003 | 3,562,067 | 4,381,986 | $ 64,054.87 | $ (1,856.57) | $ 62,198.30 | 1.085 | 1,747 |
| CHAIN PHARMACY | A007 | 3,197,641 | 3,532,170 | $ 46,317.32 | $ (1,051.48) | $ 45,265.84 | 1.018 | 1,643 |
| CHAIN PHARMACY WAREHOUSE | A077 | 17,073 | 847,346 | $ 12,747.27 | $ (21.50) | $ 12,725.77 | 1.011 | 670 |
| NON-PROFIT HOSPITAL | H021 | 551,894 | 837,783 | $ 7,253.48 | $ (219.58) | $ 7,033.90 | 0.967 | 1,793 |
| MILITARY HOSPITALS | US32 | 103,304 | 985,138 | $ 7,129.32 | $ (99.61) | $ 7,029.71 | 0.770 | 1,551 |
| CLOSED PHARMACY | M070 | 161,493 | 235,289 | $ 3,486.31 | $ (100.08) | $ 3,386.24 | 1.097 | 1,791 |
| KAISER HOSP OUTPATIENT PHARMACY - NON-PROFIT HMO | HK26 | 88,786 | 312,312 | $ 3,232.10 | $ (53.03) | $ 3,179.07 | 0.789 | 942 |
| | | 149,137 | 392,823 | $ 2,938.33 | $ (80.19) | $ 2,858.14 | 0.981 | 705 |
| HMO OUTPATIENT PHARMACY - NON-PROFIT | HH26 | 49,218 | 274,626 | $ 2,714.94 | $ (24.96) | $ 2,689.98 | 0.978 | 1,149 |
| HMO OUTPATIENT PHARMACY (PROFIT) | MH26 | 83,284 | 222,225 | $ 2,504.71 | $ (35.81) | $ 2,468.90 | 0.897 | 1,270 |
| DSH HOSPITALS ELIGIBLE FOR PHS PRICING | GV11 | 64,931 | 240,149 | $ 2,360.40 | $ (36.36) | $ 2,324.04 | 0.901 | 1,851 |
| PUBLIC HEALTH SERVICE HOSP | US31 | 29,851 | 292,713 | $ 2,096.51 | $ (29.47) | $ 2,067.05 | 0.767 | 1,338 |
| V.A. HOSPITALS | US30 | 58,360 | 177,747 | $ 1,872.59 | $ (22.18) | $ 1,850.41 | 0.791 | 1,456 |
| CITY OR COUNTY HOSPITAL | T022 | 134,224 | 217,134 | $ 1,861.33 | $ (64.45) | $ 1,796.88 | 0.975 | 1,618 |
| PROFIT HOSPITAL | M021 | 99,062 | 152,525 | $ 1,460.35 | $ (48.94) | $ 1,411.41 | 1.011 | 1,575 |
| RESEARCH FOUNDATION AND PHARMACY MFG. | A073 | 5,443 | 55,303 | $ 1,408.00 | $ (32.44) | $ 1,375.56 | 1.045 | 892 |
| STATE HOSPITAL | TP25 | 38,628 | 110,098 | $ 1,172.30 | $ (22.70) | $ 1,149.60 | 0.959 | 1,368 |
| MISC STATE-TAX SUPPORTED HOSP ADMIN OFFICES | TP26 | 24,622 | 88,093 | $ 1,052.91 | $ (25.22) | $ 1,027.69 | 0.916 | 1,199 |
| STATE TEACHING INSTITUTIONS | TP28 | 28,435 | 74,691 | $ 1,026.09 | $ (17.17) | $ 1,008.92 | 0.885 | 1,249 |
| REMAINING 78 CLASSES OF TRADE | ---- | 273,593 | 692,902 | $ 8,317.01 | $ (277.75) | $ 8,039.28 | 0.927 | 2,025 |
| Total | | 8,721,046 | 14,123,053 | $ 175,006.15 | $ (4,119.47) | $ 170,886.69 | | |

Dollar values are in thousands.

**Table 9: Most Frequent Wholesalers in Abbott Direct Transaction Data**

| Wholesaler Name | # Obs | Sum of Units | Sum of Extprice | Sum of Cbacks | Net |
|---|---|---|---|---|---|
| MCKESSON | 1,611,695 | 5,194,019 | $ 99,591.43 | $ (28,567.35) | $ 71,024.08 |
| AMERISOURCE-BERGEN-BRUNSWIG | 1,678,752 | 5,569,750 | $ 94,752.42 | $ (29,040.78) | $ 65,711.64 |
| CARDINAL-BINDLEY | 705,918 | 3,217,619 | $ 56,305.89 | $ (17,268.65) | $ 39,037.23 |
| WHITMIRE | 329,487 | 1,139,701 | $ 17,869.05 | $ (5,254.23) | $ 12,614.82 |
| MORRIS & DICKSON | 84,268 | 277,920 | $ 4,475.08 | $ (898.62) | $ 3,576.46 |
| HD SMITH | 68,825 | 218,870 | $ 4,015.22 | $ (914.92) | $ 3,100.30 |
| KINRAY | 45,527 | 207,220 | $ 3,559.38 | $ (779.27) | $ 2,780.11 |
| D & K | 53,530 | 159,441 | $ 2,942.65 | $ (598.93) | $ 2,343.73 |
| FRANK W KERR | 61,391 | 170,004 | $ 2,962.25 | $ (1,009.26) | $ 1,952.99 |
| WALSH | 47,943 | 176,386 | $ 2,872.51 | $ (1,116.74) | $ 1,755.76 |
| MCQUEARY | 33,423 | 101,657 | $ 1,808.54 | $ (431.93) | $ 1,376.61 |
| C D SMITH | 45,358 | 74,301 | $ 1,150.65 | $ (246.66) | $ 903.98 |
| NC MUTUAL | 36,762 | 71,947 | $ 1,221.46 | $ (326.20) | $ 895.26 |
| FOXMEYER | 31,500 | 50,128 | $ 1,024.83 | $ (218.19) | $ 806.64 |
| OTHER | 375,525 | 1,574,874 | $ 27,213.84 | $ (4,946.86) | $ 22,266.98 |
| Total | 5,209,904 | 18,203,837 | $ 321,765.20 | $ (91,618.61) | $ 230,146.59 |

Dollar values are in thousands. No wholesalers in the 'other' category have more than 25,000 transactions.

**Table 10: Comparison of Price Statistics with AWP for Erythromycin 00074632013**

| | | | All Indirect Customers | | | | Pharmacy Indirect Customers | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| Year | Quarter | AWP | Avg Price | 95th Pctile | # Customers | # Transactions | Avg Price | 95th Pctile | # Customers | # Transactions |
| 1994 | 1 | 34.970 | 6.942 | 10.570 | 2,132 | 6,967 | 10.541 | 10.690 | 1,160 | 3,721 |
| 1994 | 2 | 34.970 | 7.512 | 10.570 | 2,101 | 6,009 | 10.583 | 10.690 | 1,272 | 3,473 |
| 1994 | 3 | 34.970 | 7.867 | 9.950 | 4,047 | 9,897 | 9.613 | 9.950 | 3,071 | 7,261 |
| 1994 | 4 | 34.970 | 8.445 | 9.950 | 6,907 | 23,368 | 9.721 | 9.950 | 5,644 | 19,309 |
| 1995 | 1 | 34.970 | 8.553 | 9.950 | 8,484 | 31,527 | 9.730 | 9.950 | 7,079 | 26,858 |
| 1995 | 2 | 34.970 | 8.585 | 9.950 | 8,068 | 24,496 | 9.681 | 9.950 | 6,869 | 21,086 |
| 1995 | 3 | 34.970 | 8.589 | 9.950 | 7,762 | 19,756 | 9.608 | 9.950 | 6,608 | 16,837 |
| 1995 | 4 | 34.970 | 8.712 | 9.950 | 10,728 | 36,143 | 9.593 | 9.950 | 9,289 | 31,684 |
| 1996 | 1 | 34.970 | 8.799 | 9.950 | 11,572 | 39,430 | 9.543 | 9.950 | 10,125 | 35,150 |
| 1996 | 2 | 34.970 | 9.081 | 9.950 | 10,498 | 31,053 | 9.608 | 9.950 | 9,377 | 28,001 |
| 1996 | 3 | 34.970 | 8.854 | 9.950 | 9,641 | 24,335 | 9.512 | 9.950 | 8,568 | 21,778 |
| 1996 | 4 | 35.980 | 8.925 | 9.950 | 12,733 | 42,480 | 9.479 | 9.950 | 11,378 | 38,563 |
| 1997 | 1 | 35.980 | 8.909 | 9.950 | 12,508 | 38,848 | 9.491 | 9.950 | 11,242 | 35,644 |
| 1997 | 2 | 35.980 | 9.051 | 9.950 | 10,192 | 28,862 | 9.484 | 9.950 | 9,296 | 26,714 |
| 1997 | 3 | 35.980 | 9.615 | 10.650 | 9,409 | 23,140 | 10.177 | 10.650 | 8,611 | 21,366 |
| 1997 | 4 | 35.980 | 9.731 | 10.650 | 11,095 | 34,575 | 10.190 | 10.650 | 10,176 | 32,206 |
| 1998 | 1 | 35.980 | 9.728 | 10.650 | 11,666 | 38,339 | 10.186 | 10.650 | 10,718 | 35,879 |
| 1998 | 2 | 35.980 | 9.709 | 10.650 | 9,538 | 23,568 | 10.159 | 10.650 | 8,805 | 21,949 |
| 1998 | 3 | 35.980 | 9.716 | 10.650 | 9,589 | 21,703 | 10.165 | 10.650 | 8,841 | 20,169 |
| 1998 | 4 | 35.980 | 9.704 | 10.650 | 10,661 | 24,379 | 10.219 | 10.650 | 9,779 | 22,543 |
| 1999 | 1 | 35.980 | 9.784 | 10.650 | 10,561 | 25,576 | 10.290 | 10.650 | 9,697 | 23,629 |
| 1999 | 2 | 35.980 | 9.759 | 10.650 | 8,945 | 19,455 | 10.192 | 10.650 | 8,208 | 17,896 |
| 1999 | 3 | 35.980 | 9.941 | 10.950 | 8,577 | 17,567 | 10.359 | 10.950 | 7,919 | 16,289 |
| 1999 | 4 | 37.060 | 9.907 | 10.950 | 10,633 | 27,213 | 10.363 | 10.950 | 9,756 | 25,284 |
| 2000 | 1 | 37.060 | 9.835 | 10.950 | 11,543 | 29,137 | 10.274 | 10.950 | 10,663 | 27,256 |
| 2000 | 2 | 37.060 | 9.903 | 10.950 | 11,056 | 27,126 | 10.203 | 10.950 | 10,358 | 25,664 |
| 2000 | 3 | 37.060 | 9.835 | 10.950 | 11,051 | 23,977 | 10.125 | 10.950 | 10,350 | 22,560 |
| 2000 | 4 | 37.060 | 9.833 | 10.950 | 13,167 | 31,546 | 10.104 | 10.950 | 12,311 | 29,690 |
| 2001 | 1 | 37.060 | 9.860 | 10.950 | 13,511 | 33,967 | 10.133 | 10.950 | 12,648 | 31,939 |
| 2001 | 2 | 37.060 | 9.973 | 10.950 | 12,284 | 24,760 | 10.253 | 10.950 | 11,521 | 23,243 |
| 2001 | 3 | 37.060 | 10.060 | 10.470 | 12,234 | 22,447 | 10.239 | 10.470 | 11,482 | 21,073 |
| 2001 | 4 | 37.060 | 10.054 | 10.470 | 15,529 | 32,833 | 10.224 | 10.470 | 14,529 | 30,773 |
| 2002 | 1 | 37.060 | 9.945 | 10.470 | 16,736 | 35,604 | 10.109 | 10.470 | 15,481 | 33,046 |
| 2002 | 2 | 37.060 | 9.891 | 10.470 | 16,635 | 28,013 | 10.097 | 10.470 | 14,906 | 25,417 |
| 2002 | 3 | 37.060 | 9.928 | 10.470 | 13,999 | 24,507 | 10.105 | 10.470 | 12,879 | 22,602 |
| 2002 | 4 | 37.060 | 9.946 | 10.470 | 16,329 | 31,118 | 10.103 | 10.470 | 15,245 | 29,011 |
| 2003 | 1 | 37.060 | 9.921 | 10.470 | 16,982 | 34,100 | 10.104 | 10.470 | 15,719 | 31,586 |
| 2003 | 2 | 37.060 | 9.954 | 10.470 | 15,004 | 27,335 | 10.113 | 10.470 | 13,941 | 25,379 |
| 2003 | 3 | 37.060 | 18.804 | 20.280 | 14,163 | 23,920 | 19.699 | 20.280 | 12,982 | 21,814 |
| 2003 | 4 | 37.060 | 19.416 | 20.280 | 17,260 | 34,023 | 20.132 | 20.280 | 15,737 | 31,082 |
| 2004 | 1 | 37.060 | 19.732 | 20.280 | 16,279 | 30,250 | 20.172 | 20.280 | 14,953 | 27,598 |
| 2004 | 2 | 38.880 | 19.731 | 20.280 | 14,371 | 24,354 | 20.162 | 20.280 | 13,137 | 22,124 |
| 2004 | 3 | 38.880 | 19.745 | 20.280 | 13,597 | 22,051 | 20.170 | 20.280 | 12,357 | 19,867 |
| 2004 | 4 | 38.880 | 19.831 | 20.280 | 15,355 | 26,964 | 20.169 | 20.280 | 14,057 | 24,487 |
| 2005 | 1 | 38.880 | 19.857 | 20.280 | 17,429 | 33,303 | 20.166 | 20.280 | 15,998 | 30,376 |
| 2005 | 2 | 38.880 | 19.814 | 20.280 | 14,255 | 23,310 | 20.171 | 20.280 | 12,900 | 20,966 |
| 2005 | 3 | 38.880 | 21.725 | 23.620 | 11,702 | 18,118 | 22.434 | 23.620 | 10,638 | 16,267 |
| 2005 | 4 | 38.880 | 21.863 | 23.620 | 13,100 | 21,951 | 22.599 | 23.620 | 11,976 | 19,795 |
| 2006 | 1 | 38.880 | 22.779 | 23.620 | 13,929 | 23,694 | 23.367 | 23.620 | 12,594 | 21,312 |
| 2006 | 2 | 38.880 | 22.730 | 23.620 | 11,996 | 18,203 | 23.333 | 23.620 | 10,819 | 16,269 |
| 2006 | 3 | 38.880 | 22.698 | 23.620 | 10,628 | 15,581 | 23.321 | 23.620 | 9,591 | 13,959 |
| 2006 | 4 | 38.880 | 22.740 | 23.620 | 12,399 | 19,161 | 23.327 | 23.620 | 11,166 | 17,094 |
| 2007 | 1 | 38.880 | 22.730 | 23.620 | 12,531 | 19,831 | 23.311 | 23.620 | 11,460 | 17,936 |
| 2007 | 2 | 38.880 | 22.770 | 23.620 | 10,904 | 16,009 | 23.321 | 23.620 | 9,903 | 14,451 |
| 2007 | 3 | 38.880 | 22.773 | 23.620 | 10,938 | 15,376 | 23.299 | 23.620 | 9,872 | 13,766 |
| 2007 | 4 | 38.880 | 22.711 | 23.620 | 11,725 | 16,509 | 23.299 | 23.832 | 10,645 | 14,821 |
| Average | | 36.906 | 13.175 | 14.206 | 11,726 | 25,496 | 13.806 | 14.214 | 10,648 | 23,152 |

**Table 11: Medicaid Spending on Abbott Complaint NDCs by State, NDC, and Yr-Quarter: CMS SDUD Data**

*A. Breakdown by State*

| | State | # Scripts | Paid | Cumulative |
|---|---|---|---|---|
| 1 | CA | 2,841,702 | $29,385 | 26.01% |
| 2 | TX | 764,629 | $8,469 | 33.51% |
| 3 | NY | 685,432 | $7,373 | 40.03% |
| 4 | IL | 530,951 | $5,489 | 44.89% |
| 5 | FL | 451,944 | $4,945 | 49.27% |
| 6 | KY | 369,545 | $4,217 | 53.00% |
| 7 | GA | 361,337 | $3,705 | 56.28% |
| 8 | PA | 330,214 | $3,348 | 59.24% |
| 9 | NC | 290,643 | $3,225 | 62.10% |
| 10 | MA | 342,625 | $3,208 | 64.94% |
| 11 | LA | 256,409 | $3,134 | 67.71% |
| 12 | MO | 233,565 | $2,736 | 70.13% |
| 13 | MI | 302,362 | $2,402 | 72.26% |
| 14 | AL | 171,887 | $1,942 | 73.98% |
| 15 | WV | 189,722 | $1,845 | 75.61% |
| 16 | WA | 187,588 | $1,754 | 77.16% |
| 17 | VA | 166,079 | $1,724 | 78.69% |
| 18 | IN | 135,927 | $1,374 | 79.91% |
| 19 | MN | 102,170 | $1,359 | 81.11% |
| 20 | SC | 132,631 | $1,348 | 82.30% |
| 21 | AR | 113,739 | $1,321 | 83.47% |
| 22 | TN | 135,232 | $1,318 | 84.64% |
| 23 | IA | 118,627 | $1,305 | 85.79% |
| 24 | WI | 128,319 | $1,288 | 86.93% |
| 25 | OK | 110,545 | $1,217 | 88.01% |
| 26 | NJ | 120,569 | $1,210 | 89.08% |
| 27 | ME | 106,611 | $1,178 | 90.12% |
| 28 | MS | 111,157 | $1,175 | 91.16% |
| 29 | CO | 88,394 | $829 | 91.90% |
| 30 | CT | 76,411 | $820 | 92.62% |
| 31 | OR | 71,450 | $795 | 93.33% |
| 32 | KS | 65,325 | $733 | 93.98% |
| 33 | UT | 56,552 | $691 | 94.59% |
| 34 | MD | 72,328 | $690 | 95.20% |
| 35 | NM | 54,195 | $624 | 95.75% |
| 36 | NE | 62,670 | $623 | 96.30% |
| 37 | ID | 42,043 | $539 | 96.78% |
| 38 | MT | 42,312 | $450 | 97.18% |
| 39 | VT | 41,552 | $424 | 97.55% |
| 40 | NH | 37,439 | $390 | 97.90% |
| 41 | NV | 28,737 | $352 | 98.21% |
| 42 | HI | 31,028 | $323 | 98.50% |
| 43 | RI | 33,317 | $323 | 98.78% |
| 44 | AK | 21,135 | $321 | 99.07% |
| 45 | DE | 25,268 | $266 | 99.30% |
| 46 | SD | 19,194 | $236 | 99.51% |
| 47 | ND | 18,007 | $213 | 99.70% |
| 48 | DC | 17,401 | $187 | 99.86% |
| 49 | WY | 17,804 | $153 | 100.00% |
| | Total | 10714723 | $112,976 | 1 |

*B. Breakdown by NDC*

| | NDC | # Scripts | Paid |
|---|---|---|---|
| 1 | 00074632013 | 1,622,184 | $18,556 |
| 2 | 00074631613 | 1,260,112 | $13,106 |
| 3 | 00074374716 | 859,536 | $7,116 |
| 4 | 00074632053 | 461,961 | $5,286 |
| 5 | 00074622713 | 487,239 | $4,833 |
| 6 | 00074630413 | 473,616 | $4,740 |
| 7 | 00074715643 | 262,488 | $4,727 |
| 8 | 00074258913 | 481,587 | $4,626 |
| 9 | 00074634620 | 550,985 | $4,419 |
| 10 | 00074634653 | 552,193 | $4,363 |
| 11 | 00074630113 | 393,902 | $4,179 |
| 12 | 00074715653 | 195,130 | $4,146 |
| 13 | 00074632113 | 324,549 | $4,070 |
| 14 | 00074374816 | 326,789 | $3,630 |
| 15 | 00074715613 | 252,203 | $3,552 |
| 16 | 00074634619 | 428,113 | $3,359 |
| 17 | 00074632613 | 412,727 | $3,320 |
| 18 | 00074572913 | 268,732 | $2,638 |
| 19 | 00074630453 | 184,171 | $1,877 |
| 20 | 00074803053 | 65,065 | $1,568 |
| 21 | 00074630616 | 174,449 | $1,455 |
| 22 | 00074803043 | 55,949 | $1,150 |
| 23 | 00074803013 | 66,305 | $1,046 |
| 24 | 00074632653 | 122,786 | $1,027 |
| 25 | 00074630613 | 95,626 | $709 |
| 26 | 00074630153 | 66,773 | $702 |
| 27 | 00074637316 | 64,898 | $697 |
| 28 | 00074572953 | 65,194 | $643 |
| 29 | 00074258953 | 45,804 | $444 |
| 30 | 00074636910 | 9,244 | $182 |
| 31 | 00074637313 | 13,874 | $146 |
| 32 | 00074632011 | 10,970 | $120 |
| 33 | 00074636902 | 8,596 | $104 |
| 34 | 00074632611 | 11,710 | $84 |
| 35 | 00074572911 | 8,653 | $83 |
| 36 | 00074630411 | 7,070 | $65 |
| 37 | 00074634638 | 8,928 | $59 |
| 38 | 00074632030 | 3,208 | $37 |
| 39 | 00074572919 | 3,335 | $33 |
| 40 | 00074632111 | 2,470 | $28 |
| 41 | 00074634641 | 2,872 | $23 |
| 42 | 00074630440 | 1,778 | $20 |
| 43 | 00074630430 | 949 | $9 |
| | Total | 10714723 | $112,976 |

*C. Breakdown by Year-Quarter*

| | YrQuart | # Scripts | Paid |
|---|---|---|---|
| 1 | 1994,1 | 507,787 | $4,861 |
| 2 | 1994,2 | 376,345 | $3,619 |
| 3 | 1994,3 | 294,241 | $2,766 |
| 4 | 1994,4 | 378,127 | $3,572 |
| 5 | 1995,1 | 416,034 | $3,921 |
| 6 | 1995,2 | 323,437 | $3,061 |
| 7 | 1995,3 | 284,603 | $2,745 |
| 8 | 1995,4 | 375,172 | $3,891 |
| 9 | 1996,1 | 424,963 | $4,627 |
| 10 | 1996,2 | 330,170 | $3,548 |
| 11 | 1996,3 | 254,371 | $2,664 |
| 12 | 1996,4 | 323,615 | $3,405 |
| 13 | 1997,1 | 352,863 | $3,682 |
| 14 | 1997,2 | 231,013 | $2,285 |
| 15 | 1997,3 | 181,004 | $1,789 |
| 16 | 1997,4 | 254,527 | $2,630 |
| 17 | 1998,1 | 270,064 | $2,805 |
| 18 | 1998,2 | 193,367 | $2,021 |
| 19 | 1998,3 | 150,013 | $1,570 |
| 20 | 1998,4 | 213,904 | $2,249 |
| 21 | 1999,1 | 234,734 | $2,465 |
| 22 | 1999,2 | 162,842 | $1,703 |
| 23 | 1999,3 | 131,197 | $1,373 |
| 24 | 1999,4 | 179,631 | $1,868 |
| 25 | 2000,1 | 177,965 | $1,895 |
| 26 | 2000,2 | 131,304 | $1,429 |
| 27 | 2000,3 | 118,012 | $1,291 |
| 28 | 2000,4 | 163,547 | $1,820 |
| 29 | 2001,1 | 179,241 | $2,070 |
| 30 | 2001,2 | 132,373 | $1,544 |
| 31 | 2001,3 | 110,060 | $1,262 |
| 32 | 2001,4 | 149,742 | $1,715 |
| 33 | 2002,1 | 159,612 | $1,854 |
| 34 | 2002,2 | 130,081 | $1,490 |
| 35 | 2002,3 | 112,618 | $1,272 |
| 36 | 2002,4 | 141,095 | $1,608 |
| 37 | 2003,1 | 148,367 | $1,701 |
| 38 | 2003,2 | 128,469 | $1,441 |
| 39 | 2003,3 | 121,724 | $1,343 |
| 40 | 2003,4 | 167,133 | $1,866 |
| 41 | 2004,1 | 156,942 | $1,776 |
| 42 | 2004,2 | 131,319 | $1,504 |
| 43 | 2004,3 | 108,701 | $1,260 |
| 44 | 2004,4 | 132,494 | $1,566 |
| 45 | 2005,1 | 144,367 | $1,714 |
| 46 | 2005,2 | 124,581 | $1,461 |
| 47 | 2005,3 | 103,893 | $1,206 |
| 48 | 2005,4 | 121,476 | $1,410 |
| 49 | 2006,1 | 88,098 | $984 |
| 50 | 2006,2 | 73,801 | $805 |
| 51 | 2006,3 | 55,622 | $622 |
| 52 | 2006,4 | 71,324 | $797 |
| 53 | 2007,1 | 70600 | $763 |
| 54 | 2007,2 | 54780 | $584 |
| 55 | 2007,3 | 52157 | $570 |
| 56 | 2007,4 | 51584 | $577 |
| 57 | 2008,1 | 57617 | $650 |
| | Total | 10714723 | $112,976 |

Dollar amounts are in thousands of dollars.

**Table 12A: Comparison of Abbott CMS State Drug Utilization and MAX Claims Data: 1999 - 2004**

| | SDUD Data | | | MAX Data | | | |
|---|---|---|---|---|---|---|---|
| **State** | **Paid** | **Scripts** | **# Quarts** | **Paid** | **Claims** | **# Quarts** | **% Pd Diff** |
| CA | $8,826.50 | 790,778 | 24 | $7,479.85 | 1,425,291 | 24 | -15.3 |
| TX | $3,532.33 | 300,900 | 24 | $3,604.51 | 306,086 | 24 | 2.0 |
| NY | $2,891.06 | 269,030 | 24 | $2,872.41 | 265,546 | 24 | -0.6 |
| IL | $2,016.02 | 182,659 | 24 | $2,048.26 | 189,660 | 24 | 1.6 |
| FL | $1,989.25 | 168,730 | 24 | $2,012.58 | 170,751 | 24 | 1.2 |
| KY | $1,395.68 | 117,935 | 24 | $1,400.80 | 133,789 | 24 | 0.4 |
| LA | $1,333.17 | 103,798 | 24 | $1,328.59 | 103,567 | 24 | -0.3 |
| GA | $1,301.99 | 130,134 | 24 | $1,291.46 | 129,290 | 24 | -0.8 |
| MA | $1,233.17 | 130,141 | 24 | $1,155.76 | 127,515 | 24 | -6.3 |
| MO | $1,104.85 | 89,806 | 24 | $1,072.44 | 121,068 | 24 | -2.9 |
| NC | $1,095.15 | 94,596 | 23 | $1,141.84 | 98,636 | 24 | 4.3 |
| TN | $959.54 | 95,776 | 19 | $1,174.23 | 417,108 | 23 | 22.4 |
| PA | $729.71 | 67,052 | 23 | $732.73 | 67,253 | 24 | 0.4 |
| AL | $716.46 | 63,580 | 24 | $723.30 | 64,743 | 24 | 1.0 |
| IN | $638.38 | 57,900 | 23 | $692.02 | 81,309 | 24 | 8.4 |
| WA | $593.42 | 63,961 | 24 | $595.97 | 64,802 | 24 | 0.4 |
| AR | $555.89 | 47,244 | 23 | $666.10 | 52,615 | 24 | 19.8 |
| WV | $555.30 | 52,710 | 23 | $613.10 | 57,773 | 24 | 10.4 |
| SC | $552.12 | 53,874 | 24 | $528.43 | 54,316 | 24 | -4.3 |
| MI | $494.67 | 59,238 | 23 | $509.50 | 60,317 | 24 | 3.0 |
| OK | $484.87 | 41,638 | 24 | $535.90 | 59,505 | 24 | 10.5 |
| ME | $481.50 | 41,564 | 24 | $499.97 | 42,678 | 24 | 3.8 |
| VA | $470.50 | 42,607 | 24 | $468.54 | 59,299 | 24 | -0.4 |
| IA | $464.85 | 32,866 | 18 | $606.15 | 44,272 | 24 | 30.4 |
| MS | $435.27 | 39,977 | 20 | $519.84 | 47,718 | 24 | 19.4 |
| MN | $432.73 | 23,716 | 23 | $389.19 | 54,508 | 24 | -10.1 |
| WI | $356.78 | 36,396 | 24 | $352.69 | 56,771 | 24 | -1.1 |
| OR | $299.14 | 25,536 | 24 | $287.04 | 25,322 | 24 | -4.0 |
| KS | $280.57 | 23,800 | 22 | $320.11 | 32,709 | 24 | 14.1 |
| NJ | $274.52 | 27,133 | 24 | $273.70 | 62,926 | 24 | -0.3 |
| CO | $263.91 | 32,620 | 23 | $339.45 | 29,539 | 24 | 28.6 |
| NE | $237.20 | 21,300 | 24 | $248.86 | 22,249 | 24 | 4.9 |
| UT | $213.33 | 16,959 | 23 | $214.47 | 16,999 | 24 | 0.5 |
| ID | $212.11 | 15,757 | 24 | $247.30 | 18,108 | 24 | 16.6 |
| CT | $191.12 | 16,939 | 24 | $182.13 | 16,141 | 24 | -4.7 |
| NV | $154.75 | 12,260 | 23 | $161.17 | 12,995 | 24 | 4.2 |
| MT | $154.17 | 13,147 | 24 | $159.19 | 13,466 | 24 | 3.3 |
| AK | $145.30 | 9,039 | 24 | $143.21 | 8,848 | 24 | -1.4 |
| NH | $134.65 | 12,513 | 23 | $150.73 | 14,057 | 24 | 11.9 |
| NM | $132.50 | 10,976 | 24 | $122.32 | 37,171 | 24 | -7.7 |
| VT | $127.18 | 11,334 | 22 | $259.71 | 25,195 | 24 | 104.2 |
| HI | $124.95 | 11,441 | 23 | $124.78 | 37,696 | 24 | -0.1 |
| RI | $100.12 | 9,407 | 24 | $99.99 | 19,465 | 24 | -0.1 |
| SD | $91.15 | 6,781 | 24 | $93.67 | 6,971 | 24 | 2.8 |
| MD | $87.65 | 11,352 | 24 | $92.46 | 44,176 | 24 | 5.5 |
| DE | $73.13 | 6,795 | 20 | $93.76 | 8,751 | 24 | 28.2 |
| WY | $72.61 | 5,946 | 24 | $64.31 | 5,368 | 20 | -11.4 |
| ND | $72.59 | 5,923 | 24 | $74.19 | 6,040 | 24 | 2.2 |
| DC | $34.60 | 3,639 | 23 | $36.47 | 3,911 | 24 | 5.4 |
| Total | $39,118.38 | 3,509,203 | - | $38,805.14 | 4,824,289 | - | -0.8 |

Paid amounts are in thousands of dollars.

**Table 12B: Comparison of Abbott CMS State Drug Utilization and SMRF Claims Data: 1996 - 1998**

| | SDUD Data | | | SMRF Data | | | |
|---|---|---|---|---|---|---|---|
| **State** | **Paid** | **Scripts** | **# Quarts** | **Paid** | **Claims** | **# Quarts** | **% Pd Diff** |
| CA | $10,032.51 | 951,586 | 12 | $5,120.98 | 521,966 | 8 | -49.0 |
| TX | $2,250.16 | 204,042 | 12 | | | | |
| NY | $2,221.37 | 198,448 | 12 | | | | |
| IL | $1,502.69 | 150,181 | 12 | | | | |
| KY | $1,317.13 | 115,220 | 12 | $1,255.78 | 110,356 | 12 | -4.7 |
| FL | $1,285.02 | 123,167 | 12 | $1,295.78 | 123,883 | 12 | 0.8 |
| PA | $1,130.74 | 111,472 | 12 | $1,095.68 | 107,946 | 12 | -3.1 |
| MA | $1,061.33 | 118,178 | 12 | | | | |
| GA | $1,058.91 | 98,775 | 12 | $1,133.14 | 107,747 | 12 | 7.0 |
| NC | $996.98 | 87,228 | 10 | | | | |
| LA | $885.75 | 73,712 | 12 | | | | |
| MI | $807.44 | 99,317 | 12 | $787.31 | 95,358 | 12 | -2.5 |
| WV | $646.75 | 66,582 | 12 | | | | |
| MO | $595.10 | 55,424 | 11 | $635.61 | 62,425 | 12 | 6.8 |
| VA | $577.47 | 56,129 | 12 | | | | |
| AL | $490.81 | 45,567 | 12 | | | | |
| WA | $472.37 | 53,011 | 12 | $447.24 | 50,895 | 12 | -5.3 |
| WI | $374.71 | 37,454 | 12 | $369.07 | 37,009 | 12 | -1.5 |
| MN | $364.95 | 33,941 | 12 | $379.24 | 33,070 | 12 | 3.9 |
| NJ | $359.60 | 36,626 | 12 | $339.26 | 34,322 | 12 | -5.7 |
| SC | $340.17 | 32,476 | 10 | | | | |
| ME | $325.49 | 29,616 | 12 | $321.50 | 29,212 | 12 | -1.2 |
| MS | $311.37 | 28,943 | 12 | $326.61 | 30,003 | 12 | 4.9 |
| AR | $303.67 | 25,470 | 11 | $354.71 | 28,750 | 12 | 16.8 |
| NM | $277.53 | 24,255 | 12 | $264.22 | 22,981 | 12 | -4.8 |
| IA | $253.58 | 38,488 | 11 | $499.77 | 42,177 | 12 | 97.1 |
| OK | $252.10 | 23,241 | 12 | | | | |
| MD | $247.60 | 25,125 | 12 | | | | |
| CT | $235.71 | 21,398 | 12 | | | | |
| CO | $227.68 | 20,585 | 9 | $324.14 | 28,958 | 12 | 42.4 |
| KS | $215.65 | 19,166 | 10 | $278.31 | 24,567 | 12 | 29.1 |
| UT | $213.47 | 17,226 | 12 | $209.87 | 16,962 | 12 | -1.7 |
| OR | $172.54 | 15,470 | 12 | | | | |
| NE | $168.01 | 17,546 | 11 | | | | |
| IN | $163.73 | 16,204 | 4 | $528.30 | 57,734 | 12 | 222.7 |
| VT | $142.92 | 14,491 | 11 | $161.44 | 16,169 | 12 | 13.0 |
| ID | $137.41 | 11,088 | 10 | $159.19 | 12,917 | 12 | 15.9 |
| MT | $135.03 | 13,825 | 12 | $139.79 | 13,299 | 12 | 3.5 |
| NH | $106.27 | 9,981 | 9 | $152.21 | 14,381 | 12 | 43.2 |
| DE | $94.61 | 8,887 | 11 | $98.17 | 9,243 | 12 | 3.8 |
| RI | $81.36 | 9,683 | 11 | | | | |
| HI | $72.81 | 7,551 | 12 | | | | |
| NV | $70.62 | 5,770 | 9 | | | | |
| DC | $67.26 | 6,317 | 11 | | | | |
| SD | $65.78 | 5,682 | 12 | | | | |
| ND | $59.61 | 5,067 | 12 | $62.64 | 5,375 | 12 | 5.1 |
| AK | $54.12 | 4,341 | 12 | $55.94 | 4,440 | 12 | 3.4 |
| WY | $48.52 | 5,922 | 12 | $71.47 | 6,088 | 12 | 47.3 |
| Total-Partial | $20,869.17 | 2,009,548 | - | $16,867.34 | 1,648,233 | - | -19.2 |
| Total-All | $33,276.45 | 3,179,874 | - | | | | |

Paid amounts are in thousands of dollars.

**Table 12C: Comparison of Abbott CMS State Drug Utilization and SMRF Claims Data: 1994 - 1995**

| | SDUD Data | | | SMRF Data | | | |
|---|---|---|---|---|---|---|---|
| **State** | **Paid** | **Scripts** | **# Quarts** | **Paid** | **Claims** | **# Quarts** | **% Paid Diff** |
| CA | $8,202.76 | 920,996 | 8 | $7,025.56 | 757,488 | 8 | -14.4 |
| TX | $1,559.48 | 158,086 | 8 | | | | |
| NY | $1,505.22 | 137,302 | 6 | | | | |
| PA | $1,236.94 | 126,989 | 8 | $1,180.25 | 120,710 | 8 | -4.6 |
| IL | $1,172.30 | 123,282 | 7 | | | | |
| KY | $1,053.24 | 96,880 | 8 | $1,110.43 | 101,527 | 8 | 5.4 |
| FL | $1,023.82 | 105,749 | 7 | $1,149.87 | 118,536 | 8 | 12.3 |
| GA | $990.71 | 96,149 | 8 | $1,036.16 | 99,662 | 8 | 4.6 |
| MI | $871.68 | 117,147 | 8 | $864.70 | 115,253 | 8 | -0.8 |
| NC | $761.93 | 75,890 | 8 | | | | |
| MA | $720.05 | 73,244 | 7 | | | | |
| MO | $612.60 | 61,847 | 7 | $667.28 | 70,353 | 8 | 8.9 |
| VA | $537.00 | 55,043 | 8 | | | | |
| WA | $520.05 | 56,257 | 7 | $556.19 | 59,857 | 8 | 6.9 |
| WV | $499.04 | 55,599 | 8 | | | | |
| NJ | $490.05 | 48,440 | 8 | $539.07 | 52,813 | 8 | 10.0 |
| LA | $448.01 | 42,290 | 7 | | | | |
| AL | $446.10 | 38,307 | 8 | $440.08 | 37,877 | 8 | -1.3 |
| WI | $423.45 | 42,245 | 8 | $372.40 | 37,239 | 8 | -12.1 |
| MN | $420.03 | 37,753 | 8 | $418.95 | 36,987 | 8 | -0.3 |
| IN | $412.24 | 46,000 | 6 | $540.30 | 56,513 | 8 | 31.1 |
| IA | $383.95 | 32,816 | 7 | $412.21 | 37,289 | 8 | 7.4 |
| CT | $351.81 | 34,245 | 8 | | | | |
| MD | $316.79 | 30,992 | 8 | | | | |
| MS | $272.74 | 26,922 | 8 | $264.00 | 25,926 | 8 | -3.2 |
| SC | $271.76 | 29,493 | 8 | | | | |
| OR | $264.02 | 25,327 | 8 | | | | |
| ME | $232.67 | 23,891 | 8 | $579.15 | 20,476 | 8 | 148.9 |
| OK | $230.35 | 21,440 | 8 | | | | |
| AR | $224.77 | 20,255 | 8 | $208.80 | 18,622 | 8 | -7.1 |
| CO | $210.49 | 21,443 | 5 | $290.70 | 29,858 | 8 | 38.1 |
| NM | $198.52 | 17,740 | 6 | | | | |
| UT | $182.23 | 15,524 | 7 | $204.59 | 17,438 | 8 | 12.3 |
| KS | $144.74 | 14,438 | 5 | $239.37 | 23,373 | 8 | 65.4 |
| NE | $143.27 | 16,779 | 8 | | | | |
| VT | $134.19 | 14,082 | 7 | $147.42 | 15,432 | 8 | 9.9 |
| MT | $122.37 | 12,580 | 8 | $112.48 | 11,506 | 8 | -8.1 |
| RI | $122.05 | 12,356 | 6 | $52.30 | 5,205 | 4 | -57.2 |
| NH | $118.96 | 11,688 | 8 | $116.97 | 11,428 | 8 | -1.7 |
| ID | $110.06 | 9,428 | 8 | | | | |
| HI | $88.95 | 8,852 | 6 | | | | |
| NV | $77.20 | 6,732 | 8 | | | | |
| DC | $75.49 | 6,602 | 8 | | | | |
| DE | $66.21 | 6,554 | 8 | $65.48 | 6,455 | 8 | -1.1 |
| ND | $61.89 | 5,536 | 8 | $60.22 | 5,323 | 8 | -2.7 |
| AK | $52.42 | 4,174 | 8 | $51.65 | 4,105 | 8 | -1.5 |
| SD | $52.31 | 4,767 | 8 | | | | |
| TN | $11.89 | 1,527 | 1 | | | | |
| WY | $7.80 | 4,068 | 6 | $54.60 | 4,883 | 8 | 600.3 |
| Total-Partial | $19,041.15 | 2,021,086 | - | $18,761.16 | 1,902,134 | - | -1.5 |
| Total-All | $28,436.59 | 2,955,746 | - | | | | |

Paid amounts are in thousands of dollars.

**Table 13A: Breakdown of California Medicaid Spending by NDC and Year-Quarter for 1994-2001**

*Breakdown by National Drug Code*

| NDC | # of Claims | Paid Amount |
|---|---|---|
| 00074258913 | 26 | $272 |
| 00074258953 | 2 | $22 |
| 00074374716 | 123,432 | $928,746 |
| 00074374816 | 26,521 | $286,495 |
| 00074572913 | 22 | $198 |
| 00074572953 | 1 | $10 |
| 00074622713 | 18,761 | $201,585 |
| 00074630113 | 3,461 | $36,807 |
| 00074630153 | 2,031 | $21,516 |
| 00074630411 | 26 | $259 |
| 00074630413 | 14,829 | $159,989 |
| 00074630430 | 34 | $313 |
| 00074630440 | 149 | $1,368 |
| 00074630453 | 4,427 | $49,692 |
| 00074630613 | 2,947 | $25,937 |
| 00074630616 | 25,976 | $193,376 |
| 00074631613 | 499,687 | $5,248,353 |
| 00074632011 | 57 | $730 |
| 00074632013 | 22,045 | $273,486 |
| 00074632030 | 412 | $5,132 |
| 00074632053 | 10,017 | $126,440 |
| 00074632111 | 9 | $86 |
| 00074632113 | 14,606 | $213,385 |
| 00074632611 | 218 | $1,714 |
| 00074632613 | 17,339 | $139,962 |
| 00074632653 | 9,022 | $73,546 |
| 00074634619 | 37,178 | $296,684 |
| 00074634620 | 335,337 | $2,687,573 |
| 00074634638 | 378 | $2,590 |
| 00074634641 | 1,357 | $9,833 |
| 00074634653 | 375,007 | $2,994,921 |
| 00074636902 | 660 | $7,836 |
| 00074636910 | 1,596 | $32,902 |
| 00074637313 | 451 | $6,678 |
| 00074637316 | 7,719 | $79,396 |
| 00074715613 | 42,591 | $631,215 |
| 00074715643 | 48,924 | $982,600 |
| 00074715653 | 30,050 | $789,367 |
| 00074803013 | 11,427 | $187,921 |
| 00074803043 | 8,156 | $168,484 |
| 00074803053 | 14,630 | $373,525 |
| Total | 1,711,518 | $17,240,944 |

*Breakdown by Service Year and Quarter*

| Year | Quarter | # of Claims | Paid Amount |
|---|---|---|---|
| 1994 | 1 | 6,682 | $64,317 |
| 1994 | 2 | 79,094 | $733,596 |
| 1994 | 3 | 79,950 | $735,253 |
| 1994 | 4 | 109,103 | $1,001,869 |
| 1995 | 1 | 116,511 | $1,021,521 |
| 1995 | 2 | 96,331 | $863,056 |
| 1995 | 3 | 80,172 | $736,568 |
| 1995 | 4 | 122,494 | $1,237,801 |
| 1996 | 1 | 118,173 | $1,262,945 |
| 1996 | 2 | 85,767 | $934,693 |
| 1996 | 3 | 68,807 | $738,021 |
| 1996 | 4 | 87,353 | $980,647 |
| 1997 | 1 | 54,861 | $636,324 |
| 1997 | 2 | 24,587 | $245,894 |
| 1997 | 3 | 30,139 | $300,797 |
| 1997 | 4 | 63,918 | $638,295 |
| 1998 | 1 | 57,104 | $565,105 |
| 1998 | 2 | 39,995 | $399,281 |
| 1998 | 3 | 30,137 | $303,518 |
| 1998 | 4 | 40,125 | $396,554 |
| 1999 | 1 | 43,145 | $430,517 |
| 1999 | 2 | 27,244 | $269,337 |
| 1999 | 3 | 21,836 | $217,628 |
| 1999 | 4 | 31,827 | $319,128 |
| 2000 | 1 | 30,093 | $311,343 |
| 2000 | 2 | 20,425 | $214,463 |
| 2000 | 3 | 18,810 | $196,811 |
| 2000 | 4 | 30,548 | $341,371 |
| 2001 | 1 | 34,183 | $414,689 |
| 2001 | 2 | 21,958 | $263,086 |
| 2001 | 3 | 17,989 | $212,775 |
| 2001 | 4 | 22,157 | $253,743 |
| Total | | 1,711,518 | $17,240,944 |

**Table 13B: The Impact of Alternative Price Statistics on Medicaid Spending in California**

| Price Statistic Used | # w/DIFF>0 | % w/DIFF>0 | Total Difference | # Pharm. Payments | Federal Difference |
|---|---|---|---|---|---|
| Avg. Pharmacy | 1,660,641 | 97.61% | $5,022,585 | 616,035 | $2,531,035 |
| 95th Percentile Pharmacy | 1,119,002 | 65.77% | $3,055,627 | 473,848 | $1,545,510 |
| 1.25 * Avg. Pharmacy | 1,631,982 | 95.92% | $3,647,672 | 609,266 | $1,837,222 |
| 1.25 * Avg. All Customer | 1,665,068 | 97.87% | $4,296,600 | 616,422 | $2,162,129 |
| 1.25 * Avg. Pharm Unweighted | 1,556,098 | 91.46% | $2,732,293 | 594,640 | $1,375,005 |

**Table 13C: California MAX Medicaid Spending by NDC and Year-Quarter for 2002-2004**

*Breakdown by National Drug Code*

| NDC | # of Claims | Paid Amount |
|---|---|---|
| 00074258913 | 4,385 | $306 |
| 00074258953 | 313 | $0 |
| 00074374716 | 107,119 | $247,264 |
| 00074374816 | 25,041 | $121,474 |
| 00074572911 | 1 | $0 |
| 00074572913 | 2,570 | $189 |
| 00074572919 | 4 | $0 |
| 00074572953 | 108 | $10 |
| 00074622713 | 16,380 | $114,690 |
| 00074630113 | 4,728 | $29,184 |
| 00074630153 | 887 | $5,665 |
| 00074630411 | 3 | $19 |
| 00074630413 | 7,524 | $40,955 |
| 00074630430 | 8 | $85 |
| 00074630440 | 22 | $63 |
| 00074630453 | 7,640 | $53,421 |
| 00074630613 | 827 | $2,659 |
| 00074630616 | 7,878 | $13,395 |
| 00074631613 | 140,229 | $843,383 |
| 00074632011 | 18 | $82 |
| 00074632013 | 56,060 | $364,545 |
| 00074632030 | 117 | $270 |
| 00074632053 | 32,927 | $187,096 |
| 00074632111 | 1 | $0 |
| 00074632113 | 11,285 | $73,792 |
| 00074632611 | 81 | $495 |
| 00074632613 | 9,656 | $53,572 |
| 00074632653 | 3,881 | $20,396 |
| 00074634619 | 3,008 | $12,447 |
| 00074634620 | 59,573 | $268,389 |
| 00074634638 | 75 | $305 |
| 00074634641 | 53 | $347 |
| 00074634653 | 29,463 | $133,005 |
| 00074636902 | 57 | $602 |
| 00074636910 | 122 | $1,346 |
| 00074637313 | 178 | $1,193 |
| 00074637316 | 1,855 | $6,698 |
| 00074715613 | 26,394 | $132,329 |
| 00074715643 | 44,397 | $245,195 |
| 00074715653 | 33,555 | $217,071 |
| 00074803013 | 127 | $2,258 |
| 00074803043 | 187 | $3,831 |
| 00074803053 | 278 | $5,683 |
| Total | 639,015 | $3,203,709 |

*Breakdown by Service Year and Quarter*

| Year | Quarter | # of Claims | Paid Amount |
|---|---|---|---|
| 2002 | 1 | 70,757 | $356,398 |
| 2002 | 2 | 47,671 | $246,204 |
| 2002 | 3 | 40,556 | $206,098 |
| 2002 | 4 | 55,361 | $270,054 |
| 2003 | 1 | 69,626 | $336,920 |
| 2003 | 2 | 50,924 | $233,986 |
| 2003 | 3 | 43,341 | $202,196 |
| 2003 | 4 | 72,026 | $323,002 |
| 2004 | 1 | 65,026 | $303,135 |
| 2004 | 2 | 43,217 | $217,694 |
| 2004 | 3 | 34,297 | $210,973 |
| 2004 | 4 | 46,213 | $297,049 |
| Total | | 639,015 | $3,203,709 |

**Table 13D: California MSIS Medicaid Spending by NDC and Year-Quarter for 2005**

*Breakdown by National Drug Code*

| NDC | # of Claims | Paid Amount |
|---|---|---|
| 00074258913 | 1,481 | $120 |
| 00074258953 | 40 | $0 |
| 00074374716 | 31,150 | $92,600 |
| 00074374816 | 7,957 | $37,918 |
| 00074572913 | 727 | $79 |
| 00074572953 | 33 | $10 |
| 00074622713 | 5,601 | $36,163 |
| 00074630113 | 2,755 | $13,812 |
| 00074630153 | 206 | $1,302 |
| 00074630413 | 736 | $203 |
| 00074630453 | 2,015 | $11,231 |
| 00074630613 | 143 | $694 |
| 00074630616 | 1,776 | $5,462 |
| 00074631613 | 33,485 | $230,083 |
| 00074632013 | 12,367 | $90,885 |
| 00074632053 | 7,878 | $45,814 |
| 00074632111 | 1 | $0 |
| 00074632113 | 1,386 | $886 |
| 00074632611 | 2 | $0 |
| 00074632613 | 2,913 | $16,478 |
| 00074632653 | 849 | $5,363 |
| 00074634619 | 27 | $10 |
| 00074634620 | 15,080 | $81,053 |
| 00074634638 | 19 | $0 |
| 00074634653 | 5,394 | $33,658 |
| 00074636902 | 26 | $137 |
| 00074636910 | 17 | $56 |
| 00074637313 | 51 | $190 |
| 00074637316 | 472 | $2,147 |
| 00074715613 | 5,277 | $27,923 |
| 00074715643 | 9,543 | $50,437 |
| 00074715653 | 6,331 | $41,637 |
| 00074803013 | 31 | $194 |
| 00074803043 | 105 | $1,654 |
| 00074803053 | 116 | $2,161 |
| Total | 155,990 | $830,360 |

*Breakdown by Service Year and Quarter*

| Year | Quarter | # of Claims | Paid Amount |
|---|---|---|---|
| 2005 | 1 | 71,100 | $353,108 |
| 2005 | 2 | 56,881 | $286,307 |
| 2005 | 3 | 28,009 | $190,945 |
| Total | | 155,990 | $830,360 |

**Table 13E: California Medicaid Spending by NDC and Yr-Quart for 1994Q1 and 2005Q4-2008Q1**

**SMRF: 1994Q1**

| NDC | # of Scripts | Paid Amount |
|---|---|---|
| 00074374716 | 2,445 | $19,327 |
| 00074374816 | 382 | $4,266 |
| 00074630413 | 1 | $14 |
| 00074630613 | 13 | $104 |
| 00074630616 | 71 | $561 |
| 00074631613 | 6,398 | $65,358 |
| 00074632613 | 1 | $11 |
| 00074634619 | 38 | $337 |
| 00074634620 | 12,480 | $104,676 |
| 00074634638 | 4 | $25 |
| 00074634641 | 1 | $9 |
| 00074634653 | 921 | $7,873 |
| 00074636902 | 33 | $386 |
| 00074636910 | 5 | $83 |
| 00074637313 | 1 | $13 |
| 00074637316 | 33 | $357 |
| 00074803013 | 598 | $9,040 |
| 00074803043 | 344 | $6,046 |
| 00074803053 | 806 | $15,894 |
| Total | 24,575 | $234,380 |

**SDUD: 2005Q4 - 2008Q1**

| NDC | # of Scripts | Paid Amount |
|---|---|---|
| 00074258913 | 429 | $3,365 |
| 00074258953 | 15 | $106 |
| 00074374716 | 31,084 | $314,129 |
| 00074374816 | 5,003 | $71,560 |
| 00074572913 | 196 | $1,654 |
| 00074572953 | 13 | $121 |
| 00074622713 | 4,395 | $56,893 |
| 00074630113 | 1,508 | $18,430 |
| 00074630153 | 97 | $1,486 |
| 00074630413 | 688 | $8,624 |
| 00074630453 | 919 | $12,504 |
| 00074630613 | 82 | $911 |
| 00074630616 | 1,024 | $10,388 |
| 00074631613 | 27,794 | $376,675 |
| 00074632013 | 7,677 | $119,822 |
| 00074632030 | 1 | $13 |
| 00074632053 | 2,890 | $43,578 |
| 00074632113 | 530 | $6,490 |
| 00074632613 | 1,876 | $20,502 |
| 00074632653 | 491 | $5,239 |
| 00074634620 | 8,902 | $94,411 |
| 00074634653 | 3,840 | $41,554 |
| 00074636902 | 32 | $519 |
| 00074636910 | 47 | $957 |
| 00074637313 | 13 | $215 |
| 00074637316 | 348 | $4,961 |
| 00074715613 | 2,238 | $39,315 |
| 00074715643 | 2,298 | $33,115 |
| 00074715653 | 2,377 | $56,095 |
| 00074803013 | 22 | $649 |
| 00074803043 | 19 | $619 |
| 00074803053 | 34 | $1,217 |
| Total | 106,882 | $1,346,117 |

| Year-Quarter | # of Claims | Paid Amount |
|---|---|---|
| 1994Q1 | 24,575 | $234,380 |
| Total | 24,575 | $234,380 |

| Year-Quarter | # of Claims | Paid Amount |
|---|---|---|
| 2005Q4 | 25,644 | $341,214 |
| 2006Q1 | 10,452 | $127,539 |
| 2006Q2 | 7,657 | $90,448 |
| 2006Q3 | 6,748 | $82,108 |
| 2006Q4 | 13,307 | $160,444 |
| 2007Q1 | 8,905 | $104,131 |
| 2007Q2 | 5,977 | $69,534 |
| 2007Q3 | 7,811 | $100,943 |
| 2007Q4 | 10,183 | $133,607 |
| 2008Q1 | 10,198 | $136,150 |
| Total | 106,882 | $1,346,117 |

**Table 14A: Breakdown of Texas Medicaid Spending by NDC and Year-Quarter for 1994-2005**

*Breakdown by National Drug Code*

| NDC | # of Claims | Paid Amount |
|---|---|---|
| 00074258913 | 41,068 | $409,257 |
| 00074258953 | 1,190 | $12,147 |
| 00074374716 | 99,158 | $784,249 |
| 00074374816 | 31,080 | $317,388 |
| 00074572913 | 19,397 | $202,120 |
| 00074572953 | 4,930 | $50,203 |
| 00074622713 | 14,072 | $162,996 |
| 00074630113 | 32,494 | $337,655 |
| 00074630153 | 3,052 | $31,059 |
| 00074630413 | 16,604 | $150,197 |
| 00074630453 | 2,161 | $18,163 |
| 00074630613 | 3 | $0 |
| 00074630616 | 10,102 | $81,235 |
| 00074631613 | 36,603 | $383,578 |
| 00074632013 | 63,427 | $799,313 |
| 00074632053 | 828 | $11,836 |
| 00074632113 | 9,136 | $125,710 |
| 00074632613 | 9,404 | $83,520 |
| 00074632653 | 202 | $1,974 |
| 00074634620 | 16,981 | $145,684 |
| 00074634653 | 12,465 | $103,055 |
| 00074636902 | 644 | $7,768 |
| 00074636910 | 394 | $6,477 |
| 00074637316 | 2,997 | $31,463 |
| 00074715613 | 55,751 | $736,735 |
| 00074715643 | 46,125 | $744,194 |
| 00074715653 | 29,431 | $563,808 |
| 00074803013 | 4,176 | $58,753 |
| 00074803043 | 3,417 | $66,287 |
| 00074803053 | 2,505 | $62,665 |
| Total | 569,797 | $6,489,488 |

*Breakdown by Service Year and Quarter*

| Year | Quarter | # of Claims | Paid Amount |
|---|---|---|---|
| 1994 | 2 | 2 | $27 |
| 1995 | 1 | 21 | $243 |
| 1995 | 2 | 119 | $1,565 |
| 1995 | 3 | 7,082 | $72,150 |
| 1995 | 4 | 22,871 | $238,216 |
| 1996 | 1 | 23,442 | $247,021 |
| 1996 | 2 | 15,247 | $160,005 |
| 1996 | 3 | 13,261 | $136,808 |
| 1996 | 4 | 19,223 | $200,809 |
| 1997 | 1 | 20,251 | $211,388 |
| 1997 | 2 | 13,680 | $141,946 |
| 1997 | 3 | 9,924 | $103,406 |
| 1997 | 4 | 17,176 | $199,159 |
| 1998 | 1 | 21,574 | $255,039 |
| 1998 | 2 | 14,992 | $176,568 |
| 1998 | 3 | 12,509 | $144,911 |
| 1998 | 4 | 17,490 | $206,016 |
| 1999 | 1 | 20,313 | $242,883 |
| 1999 | 2 | 11,918 | $140,160 |
| 1999 | 3 | 10,996 | $126,202 |
| 1999 | 4 | 15,591 | $181,772 |
| 2000 | 1 | 13,763 | $160,371 |
| 2000 | 2 | 9,901 | $113,491 |
| 2000 | 3 | 8,869 | $100,330 |
| 2000 | 4 | 14,153 | $167,033 |
| 2001 | 1 | 14,810 | $176,168 |
| 2001 | 2 | 9,364 | $110,914 |
| 2001 | 3 | 8,549 | $101,272 |
| 2001 | 4 | 12,294 | $148,451 |
| 2002 | 1 | 14,213 | $173,551 |
| 2002 | 2 | 10,949 | $132,049 |
| 2002 | 3 | 10,126 | $120,028 |
| 2002 | 4 | 15,501 | $183,489 |
| 2003 | 1 | 15,872 | $189,106 |
| 2003 | 2 | 11,678 | $137,784 |
| 2003 | 3 | 10,091 | $117,176 |
| 2003 | 4 | 16,042 | $181,373 |
| 2004 | 1 | 13,735 | $156,080 |
| 2004 | 2 | 9,605 | $108,005 |
| 2004 | 3 | 9,021 | $102,320 |
| 2004 | 4 | 11,604 | $134,390 |
| 2005 | 1 | 13,974 | $165,171 |
| 2005 | 2 | 9,609 | $111,698 |
| 2005 | 3 | 7,971 | $91,922 |
| 2005 | 4 | 10,421 | $121,027 |
| Total | | 569,797 | $6,489,488 |

**Table 14B: Texas SDUD Medicaid Spending by NDC and Year-Quarter for 1994-1995**

*Breakdown by National Drug Code*

| NDC | # of Claims | Paid Amount |
|---|---|---|
| 00074258913 | 2,366 | $22,352 |
| 00074258953 | 250 | $2,383 |
| 00074374716 | 3,526 | $26,220 |
| 00074374816 | 1,175 | $11,889 |
| 00074572913 | 14,643 | $138,457 |
| 00074572953 | 3,466 | $33,190 |
| 00074622713 | 1,893 | $19,992 |
| 00074630113 | 14,547 | $150,852 |
| 00074630153 | 2,002 | $21,049 |
| 00074630413 | 4,185 | $37,642 |
| 00074630453 | 626 | $5,048 |
| 00074630616 | 23,021 | $179,963 |
| 00074631613 | 10,512 | $100,362 |
| 00074632013 | 15,732 | $166,111 |
| 00074632113 | 1,545 | $15,743 |
| 00074632613 | 2,367 | $20,133 |
| 00074634620 | 6,675 | $51,546 |
| 00074634653 | 7,608 | $57,973 |
| 00074636902 | 227 | $2,350 |
| 00074636910 | 449 | $5,022 |
| 00074637316 | 7,015 | $69,530 |
| 00074803013 | 4,857 | $59,650 |
| 00074803043 | 3,676 | $63,096 |
| 00074803053 | 3,532 | $67,713 |
| Total | 135,895 | $1,328,269 |

*Breakdown by Service Year and Quarter*

| Year | Quarter | # of Claims | Paid Amount |
|---|---|---|---|
| 1994 | 1 | 26,098 | $254,626 |
| 1994 | 2 | 17,225 | $182,902 |
| 1994 | 3 | 16,752 | $154,529 |
| 1994 | 4 | 21,259 | $202,474 |
| 1995 | 1 | 24,768 | $232,402 |
| 1995 | 2 | 15,576 | $156,722 |
| 1995 | 3 | 14,217 | $144,614 |
| Total | | 135,895 | $1,328,269 |

**Table 14C: Texas SDUD Medicaid Spending by NDC and Year-Quarter for 2006-2008**

*Breakdown by National Drug Code*

| NDC | # of Claims | Paid Amount |
|---|---|---|
| 00074258913 | 5,721 | $61,889 |
| 00074258953 | 122 | $1,373 |
| 00074374716 | 24,834 | $211,601 |
| 00074374816 | 9,304 | $101,202 |
| 00074572913 | 405 | $4,483 |
| 00074622713 | 4,549 | $57,279 |
| 00074630113 | 3,535 | $37,932 |
| 00074630153 | 86 | $909 |
| 00074630413 | 366 | $3,632 |
| 00074630453 | 13 | $124 |
| 00074630616 | 389 | $4,319 |
| 00074631613 | 1,327 | $14,652 |
| 00074632013 | 1,097 | $17,193 |
| 00074632053 | 19 | $314 |
| 00074632113 | 315 | $5,982 |
| 00074632613 | 2,004 | $19,116 |
| 00074632653 | 9 | $86 |
| 00074634620 | 977 | $8,555 |
| 00074634653 | 17 | $162 |
| 00074636902 | 20 | $291 |
| 00074636910 | 16 | $275 |
| 00074637316 | 54 | $730 |
| 00074715613 | 2,443 | $43,433 |
| 00074715643 | 587 | $10,338 |
| 00074715653 | 1,169 | $27,625 |
| Total | 59,378 | $633,496 |

*Breakdown by Service Year and Quarter*

| Year | Quarter | # of Claims | Paid Amount |
|---|---|---|---|
| 2006 | 1 | 8,817 | $100,568 |
| 2006 | 2 | 6,559 | $71,643 |
| 2006 | 3 | 5,214 | $53,816 |
| 2006 | 4 | 7,271 | $73,143 |
| 2007 | 1 | 7,149 | $70,431 |
| 2007 | 2 | 5,341 | $51,084 |
| 2007 | 3 | 4,880 | $49,459 |
| 2007 | 4 | 7,115 | $81,120 |
| 2008 | 1 | 7,032 | $82,232 |
| Total | | 59,378 | $633,496 |

**Table 15A: Breakdown of New York Medicaid Spending by NDC and Year-Quarter for 1994-2007**

*Breakdown by National Drug Code*

| NDC | # of Claims | Paid Amount |
|---|---|---|
| 00074258913 | 23,886 | $238,893 |
| 00074258953 | 891 | $9,211 |
| 00074374716 | 38,359 | $335,462 |
| 00074374816 | 15,811 | $194,032 |
| 00074572913 | 12,270 | $124,494 |
| 00074572919 | 102 | $1,140 |
| 00074572953 | 1,732 | $17,925 |
| 00074622713 | 137,053 | $1,424,107 |
| 00074630113 | 38,966 | $420,679 |
| 00074630153 | 2,764 | $30,499 |
| 00074630413 | 38,857 | $424,799 |
| 00074630430 | 154 | $1,705 |
| 00074630440 | 928 | $10,890 |
| 00074630453 | 19,561 | $185,654 |
| 00074630613 | 603 | $6,602 |
| 00074630616 | 7,762 | $65,264 |
| 00074631613 | 31,626 | $319,488 |
| 00074632013 | 126,994 | $1,587,167 |
| 00074632030 | 228 | $3,117 |
| 00074632053 | 27,266 | $329,731 |
| 00074632113 | 21,166 | $273,714 |
| 00074632613 | 134,772 | $1,117,444 |
| 00074632653 | 23,841 | $190,699 |
| 00074634619 | 106 | $860 |
| 00074634620 | 19,514 | $157,842 |
| 00074634638 | 36 | $329 |
| 00074634641 | 195 | $1,669 |
| 00074634653 | 9,131 | $76,691 |
| 00074636902 | 1,014 | $15,205 |
| 00074636910 | 756 | $12,766 |
| 00074637313 | 153 | $1,846 |
| 00074637316 | 2,110 | $23,618 |
| 00074715613 | 5,121 | $76,188 |
| 00074715643 | 5,197 | $99,057 |
| 00074715653 | 4,883 | $110,227 |
| 00074803013 | 4,790 | $89,105 |
| 00074803043 | 5,151 | $134,091 |
| 00074803053 | 5,782 | $166,355 |
| Total | 769,531 | $8,278,563 |

*Breakdown by Service Year and Quarter*

| Year | Quarter | # of Claims | Paid Amount |
|---|---|---|---|
| 1994 | 1 | 33,433 | $334,570 |
| 1994 | 2 | 28,309 | $282,605 |
| 1994 | 3 | 24,065 | $245,490 |
| 1994 | 4 | 33,585 | $340,363 |
| 1995 | 1 | 32,836 | $380,603 |
| 1995 | 2 | 22,934 | $262,980 |
| 1995 | 3 | 17,984 | $202,299 |
| 1995 | 4 | 26,114 | $300,696 |
| 1996 | 1 | 23,813 | $271,530 |
| 1996 | 2 | 20,050 | $225,975 |
| 1996 | 3 | 17,020 | $185,103 |
| 1996 | 4 | 23,968 | $265,274 |
| 1997 | 1 | 21,030 | $236,287 |
| 1997 | 2 | 17,075 | $187,552 |
| 1997 | 3 | 14,181 | $155,064 |
| 1997 | 4 | 17,423 | $197,339 |
| 1998 | 1 | 17,668 | $200,648 |
| 1998 | 2 | 12,816 | $143,324 |
| 1998 | 3 | 13,061 | $141,698 |
| 1998 | 4 | 18,813 | $199,556 |
| 1999 | 1 | 19,640 | $209,769 |
| 1999 | 2 | 13,557 | $143,326 |
| 1999 | 3 | 11,795 | $126,081 |
| 1999 | 4 | 15,684 | $169,877 |
| 2000 | 1 | 13,948 | $149,955 |
| 2000 | 2 | 11,181 | $121,028 |
| 2000 | 3 | 9,587 | $104,016 |
| 2000 | 4 | 12,418 | $137,499 |
| 2001 | 1 | 12,430 | $143,060 |
| 2001 | 2 | 9,550 | $109,179 |
| 2001 | 3 | 8,101 | $91,734 |
| 2001 | 4 | 11,435 | $130,634 |
| 2002 | 1 | 12,306 | $143,069 |
| 2002 | 2 | 9,474 | $106,183 |
| 2002 | 3 | 8,483 | $93,576 |
| 2002 | 4 | 10,293 | $113,935 |
| 2003 | 1 | 10,356 | $110,333 |
| 2003 | 2 | 9,694 | $100,474 |
| 2003 | 3 | 8,468 | $87,115 |
| 2003 | 4 | 11,135 | $113,696 |
| 2004 | 1 | 10,018 | $105,904 |
| 2004 | 2 | 8,868 | $90,745 |
| 2004 | 3 | 7,931 | $83,437 |
| 2004 | 4 | 9,649 | $100,123 |
| 2005 | 1 | 9,819 | $103,082 |
| 2005 | 2 | 8,144 | $80,352 |
| 2005 | 3 | 6,729 | $61,609 |
| 2005 | 4 | 8,048 | $74,615 |
| 2006 | 1 | 7,179 | $67,685 |
| 2006 | 2 | 6,107 | $56,344 |
| 2006 | 3 | 4,818 | $42,426 |
| 2006 | 4 | 5,857 | $52,131 |
| 2007 | 1 | 5,727 | $52,206 |
| 2007 | 2 | 4,794 | $43,312 |
| 2007 | 3 | 130 | $1,099 |
| Total | | 769,531 | $8,278,563 |

**Table 15B: The Impact of Alternative Price Statistics on Medicaid Spending in New York**

| Price Statistic Used | # w/DIFF>0 | % w/DIFF>0 | Total Difference | # Pharm. Payments | Federal Difference |
|---|---|---|---|---|---|
| Avg. Pharmacy | 497,366 | 66.67% | $2,027,656 | 354,438 | $1,018,172 |
| 95th Percentile Pharmacy | 495,853 | 66.47% | $1,982,714 | 353,300 | $995,556 |
| 1.25 * Avg. Pharmacy | 479,826 | 64.32% | $1,689,289 | 341,352 | $848,022 |
| 1.25 * Avg. All Customer | 483,524 | 64.81% | $1,794,609 | 343,859 | $900,836 |
| 1.25 * Avg. Pharm Unweighted | 480,018 | 64.34% | $1,688,966 | 341,489 | $847,938 |

**Table 15C: New York SDUD Medicaid Spending by NDC and Year-Quarter for 2007-2008**

*Breakdown by National Drug Code*

| NDC | # of Claims | Paid Amount |
|---|---|---|
| 00074258913 | 461 | $3,840 |
| 00074258953 | 25 | $220 |
| 00074374716 | 2,713 | $24,710 |
| 00074374816 | 851 | $10,703 |
| 00074572913 | 179 | $1,455 |
| 00074572953 | 5 | $33 |
| 00074622713 | 2,872 | $21,886 |
| 00074630113 | 423 | $4,532 |
| 00074630153 | 4 | $57 |
| 00074630413 | 257 | $2,666 |
| 00074630453 | 109 | $1,177 |
| 00074630613 | 40 | $367 |
| 00074630616 | 240 | $2,138 |
| 00074631613 | 746 | $5,566 |
| 00074632013 | 1,433 | $15,887 |
| 00074632053 | 419 | $4,903 |
| 00074632113 | 335 | $4,162 |
| 00074632613 | 1,729 | $11,055 |
| 00074632653 | 200 | $1,182 |
| 00074634620 | 549 | $3,563 |
| 00074634653 | 35 | $223 |
| 00074636902 | 79 | $773 |
| 00074636910 | 26 | $361 |
| 00074637313 | 23 | $289 |
| 00074637316 | 40 | $584 |
| 00074715613 | 8 | $132 |
| 00074715643 | 5 | $107 |
| 00074715653 | 9 | $223 |
| Total | 13,815 | $122,794 |

*Breakdown by Service Year and Quarter*

| Year | Quarter | # of Claims | Paid Amount |
|---|---|---|---|
| 2007 | 3 | 3,999 | $35,255 |
| 2007 | 4 | 5,040 | $44,721 |
| 2008 | 1 | 4,776 | $42,819 |
| Total | | 13,815 | $122,794 |

**Table 16A: Breakdown of Illinois Medicaid Spending by NDC and Year-Quarter for 1994-2006**

*Breakdown by National Drug Code*

| NDC | # of Claims | Paid Amount |
|---|---|---|
| 00074258913 | 37,110 | $350,960 |
| 00074258953 | 6,510 | $62,484 |
| 00074374716 | 57,629 | $408,982 |
| 00074374816 | 19,641 | $185,948 |
| 00074572911 | 371 | $3,765 |
| 00074572913 | 12,690 | $121,427 |
| 00074572919 | 290 | $2,607 |
| 00074572953 | 5,713 | $52,857 |
| 00074622713 | 15,249 | $137,622 |
| 00074630113 | 19,323 | $206,119 |
| 00074630153 | 4,456 | $46,528 |
| 00074630411 | 87 | $800 |
| 00074630413 | 20,082 | $189,210 |
| 00074630430 | 82 | $741 |
| 00074630440 | 10 | $95 |
| 00074630453 | 10,369 | $99,493 |
| 00074630613 | 375 | $2,761 |
| 00074630616 | 10,320 | $75,951 |
| 00074631613 | 61,326 | $746,742 |
| 00074632011 | 216 | $2,420 |
| 00074632013 | 104,787 | $1,166,053 |
| 00074632030 | 723 | $6,974 |
| 00074632053 | 40,092 | $457,433 |
| 00074632111 | 165 | $1,717 |
| 00074632113 | 20,035 | $240,431 |
| 00074632611 | 521 | $2,891 |
| 00074632613 | 10,248 | $73,525 |
| 00074632653 | 5,867 | $73,941 |
| 00074634619 | 295 | $2,201 |
| 00074634620 | 21,821 | $158,861 |
| 00074634638 | 90 | $652 |
| 00074634641 | 4 | $30 |
| 00074634653 | 32,854 | $255,328 |
| 00074636902 | 238 | $2,609 |
| 00074636910 | 228 | $9,022 |
| 00074637313 | 188 | $1,847 |
| 00074637316 | 2,206 | $20,967 |
| 00074715613 | 6,822 | $87,292 |
| 00074715643 | 9,823 | $160,786 |
| 00074715653 | 6,021 | $116,036 |
| 00074803013 | 1,416 | $18,655 |
| 00074803043 | 1,148 | $19,942 |
| 00074803053 | 1,610 | $32,875 |
| Total | 549,051 | $5,607,581 |

*Breakdown by Service Year and Quarter*

| Year | Quarter | # of Claims | Paid Amount |
|---|---|---|---|
| 1994 | 1 | 21,714 | $200,537 |
| 1994 | 2 | 16,896 | $156,169 |
| 1994 | 3 | 15,774 | $150,781 |
| 1994 | 4 | 18,656 | $179,005 |
| 1995 | 1 | 21,537 | $208,421 |
| 1995 | 2 | 15,369 | $150,627 |
| 1995 | 3 | 12,468 | $119,344 |
| 1995 | 4 | 17,078 | $167,124 |
| 1996 | 1 | 15,744 | $155,912 |
| 1996 | 2 | 13,881 | $135,028 |
| 1996 | 3 | 10,931 | $105,826 |
| 1996 | 4 | 16,583 | $163,466 |
| 1997 | 1 | 14,086 | $138,051 |
| 1997 | 2 | 11,445 | $111,848 |
| 1997 | 3 | 10,550 | $98,479 |
| 1997 | 4 | 13,934 | $135,386 |
| 1998 | 1 | 14,825 | $149,164 |
| 1998 | 2 | 9,792 | $95,962 |
| 1998 | 3 | 9,454 | $92,430 |
| 1998 | 4 | 11,956 | $118,988 |
| 1999 | 1 | 12,654 | $126,025 |
| 1999 | 2 | 8,109 | $79,916 |
| 1999 | 3 | 7,316 | $73,521 |
| 1999 | 4 | 9,700 | $98,282 |
| 2000 | 1 | 9,538 | $96,432 |
| 2000 | 2 | 6,935 | $72,071 |
| 2000 | 3 | 7,024 | $72,157 |
| 2000 | 4 | 8,492 | $91,166 |
| 2001 | 1 | 9,604 | $107,115 |
| 2001 | 2 | 6,854 | $76,105 |
| 2001 | 3 | 6,205 | $71,663 |
| 2001 | 4 | 8,461 | $99,753 |
| 2002 | 1 | 9,045 | $102,895 |
| 2002 | 2 | 6,240 | $68,227 |
| 2002 | 3 | 6,263 | $59,771 |
| 2002 | 4 | 7,610 | $74,016 |
| 2003 | 1 | 8,972 | $88,542 |
| 2003 | 2 | 7,229 | $80,606 |
| 2003 | 3 | 7,169 | $81,849 |
| 2003 | 4 | 10,114 | $122,522 |
| 2004 | 1 | 9,205 | $103,822 |
| 2004 | 2 | 7,765 | $89,421 |
| 2004 | 3 | 7,811 | $83,531 |
| 2004 | 4 | 9,488 | $103,882 |
| 2005 | 1 | 11,808 | $134,950 |
| 2005 | 2 | 8,380 | $89,192 |
| 2005 | 3 | 7,548 | $82,624 |
| 2005 | 4 | 9,074 | $107,199 |
| 2006 | 1 | 7,947 | $84,107 |
| 2006 | 2 | 5,641 | $63,899 |
| 2006 | 3 | 5,498 | $57,933 |
| 2006 | 4 | 2,679 | $31,841 |
| Total | | 549,051 | $5,607,581 |

**Table 16B: Illinois SDUD Medicaid Spending by NDC and Year-Quarter for 2006-2008**

*Breakdown by National Drug Code*

| NDC | # of Claims | Paid Amount |
|---|---|---|
| 00074258913 | 2,649 | $25,023 |
| 00074258953 | 411 | $4,018 |
| 00074374716 | 5,667 | $41,460 |
| 00074374816 | 1,804 | $16,759 |
| 00074572913 | 447 | $4,592 |
| 00074572953 | 53 | $581 |
| 00074622713 | 1,230 | $10,575 |
| 00074630113 | 924 | $9,196 |
| 00074630153 | 13 | $120 |
| 00074630413 | 691 | $6,824 |
| 00074630453 | 100 | $1,572 |
| 00074630613 | 17 | $130 |
| 00074630616 | 691 | $5,170 |
| 00074631613 | 2,840 | $30,969 |
| 00074632013 | 3,861 | $43,351 |
| 00074632053 | 648 | $7,260 |
| 00074632113 | 824 | $9,704 |
| 00074632613 | 577 | $4,076 |
| 00074632653 | 107 | $2,284 |
| 00074634620 | 1,898 | $12,733 |
| 00074634653 | 132 | $1,719 |
| 00074636902 | 27 | $292 |
| 00074636910 | 19 | $1,467 |
| 00074637313 | 4 | $40 |
| 00074637316 | 96 | $791 |
| 00074715613 | 115 | $1,590 |
| 00074715643 | 110 | $1,813 |
| 00074715653 | 79 | $1,515 |
| 00074803053 | 6 | $118 |
| Total | 26,040 | $245,740 |

*Breakdown by Service Year and Quarter*

| Year | Quarter | # of Claims | Paid Amount |
|---|---|---|---|
| 2006 | 4 | 5,102 | $58,128 |
| 2007 | 1 | 5,573 | $50,452 |
| 2007 | 2 | 4,865 | $43,641 |
| 2007 | 3 | 4,666 | $41,385 |
| 2007 | 4 | 2,191 | $19,869 |
| 2008 | 1 | 3,643 | $32,265 |
| Total | | 26,040 | $245,740 |

**Table 17A: Breakdown of Florida Medicaid Spending by NDC and Year-Quarter for 1994-2005**

*Breakdown by National Drug Code*

| NDC | # of Claims | Paid Amount |
|---|---|---|
| 00074258913 | 30,237 | $295,162 |
| 00074258953 | 796 | $7,303 |
| 00074374716 | 42,533 | $403,614 |
| 00074374816 | 16,282 | $198,395 |
| 00074572911 | 1,003 | $9,792 |
| 00074572913 | 12,561 | $124,978 |
| 00074572919 | 51 | $438 |
| 00074572953 | 2,073 | $19,915 |
| 00074622713 | 18,223 | $171,565 |
| 00074630113 | 29,499 | $315,639 |
| 00074630153 | 1,170 | $11,645 |
| 00074630411 | 388 | $4,448 |
| 00074630413 | 13,571 | $140,029 |
| 00074630430 | 31 | $476 |
| 00074630440 | 18 | $229 |
| 00074630453 | 1,535 | $13,229 |
| 00074630613 | 579 | $5,615 |
| 00074630616 | 9,183 | $78,853 |
| 00074631613 | 39,402 | $389,989 |
| 00074632011 | 772 | $9,743 |
| 00074632013 | 55,605 | $654,503 |
| 00074632030 | 63 | $742 |
| 00074632053 | 3,879 | $44,392 |
| 00074632111 | 228 | $2,872 |
| 00074632113 | 7,138 | $86,728 |
| 00074632611 | 708 | $6,094 |
| 00074632613 | 8,763 | $72,959 |
| 00074632653 | 1,928 | $14,695 |
| 00074634619 | 187 | $1,350 |
| 00074634620 | 18,969 | $153,481 |
| 00074634638 | 814 | $6,204 |
| 00074634641 | 25 | $230 |
| 00074634653 | 15,797 | $125,454 |
| 00074636902 | 456 | $5,670 |
| 00074636910 | 539 | $8,597 |
| 00074637313 | 311 | $3,877 |
| 00074637316 | 3,741 | $39,326 |
| 00074715613 | 9,846 | $132,306 |
| 00074715643 | 11,021 | $187,186 |
| 00074715653 | 6,867 | $130,874 |
| 00074803013 | 2,149 | $29,790 |
| 00074803043 | 2,102 | $39,201 |
| 00074803053 | 2,094 | $45,813 |
| Total | 373,137 | $3,993,398 |

*Breakdown by Service Year and Quarter*

| Year | Quarter | # of Claims | Paid Amount |
|---|---|---|---|
| 1994 | 1 | 19,400 | $185,679 |
| 1994 | 2 | 15,078 | $146,121 |
| 1994 | 3 | 13,691 | $131,288 |
| 1994 | 4 | 15,705 | $150,351 |
| 1995 | 1 | 17,370 | $168,326 |
| 1995 | 2 | 11,547 | $112,013 |
| 1995 | 3 | 10,761 | $104,671 |
| 1995 | 4 | 15,019 | $150,124 |
| 1996 | 1 | 13,676 | $137,569 |
| 1996 | 2 | 10,543 | $105,564 |
| 1996 | 3 | 9,552 | $93,490 |
| 1996 | 4 | 12,237 | $122,628 |
| 1997 | 1 | 11,788 | $117,895 |
| 1997 | 2 | 8,897 | $88,127 |
| 1997 | 3 | 8,082 | $80,770 |
| 1997 | 4 | 12,449 | $139,052 |
| 1998 | 1 | 11,248 | $125,814 |
| 1998 | 2 | 8,372 | $93,081 |
| 1998 | 3 | 7,475 | $82,170 |
| 1998 | 4 | 8,844 | $97,778 |
| 1999 | 1 | 8,973 | $96,546 |
| 1999 | 2 | 6,111 | $65,281 |
| 1999 | 3 | 5,734 | $61,514 |
| 1999 | 4 | 5,487 | $60,091 |
| 2000 | 1 | 5,685 | $61,020 |
| 2000 | 2 | 4,508 | $48,149 |
| 2000 | 3 | 213 | $2,201 |
| 2000 | 4 | 653 | $7,196 |
| 2001 | 1 | 3,696 | $44,765 |
| 2001 | 2 | 5,404 | $65,129 |
| 2001 | 3 | 6,203 | $73,279 |
| 2001 | 4 | 4,606 | $54,967 |
| 2002 | 1 | 46 | $462 |
| 2002 | 2 | 50 | $491 |
| 2002 | 3 | 2,352 | $28,763 |
| 2002 | 4 | 2,294 | $27,783 |
| 2003 | 1 | 2,344 | $28,978 |
| 2003 | 2 | 3,445 | $41,578 |
| 2003 | 3 | 5,833 | $69,400 |
| 2003 | 4 | 7,792 | $95,492 |
| 2004 | 1 | 7,377 | $91,421 |
| 2004 | 2 | 6,341 | $80,819 |
| 2004 | 3 | 5,702 | $72,642 |
| 2004 | 4 | 6,294 | $81,565 |
| 2005 | 1 | 7,121 | $90,800 |
| 2005 | 2 | 5,977 | $74,985 |
| 2005 | 3 | 5,409 | $66,793 |
| 2005 | 4 | 5,753 | $68,776 |
| Total | | 373,137 | $3,993,398 |

**Table 17B: Florida SDUD Medicaid Spending by NDC and Year-Quarter for 2006-2008**

*Breakdown by National Drug Code*

| NDC | # of Claims | Paid Amount |
|---|---|---|
| 00074258913 | 2,976 | $30,506 |
| 00074258953 | 17 | $158 |
| 00074374716 | 6,968 | $78,994 |
| 00074374816 | 3,084 | $38,018 |
| 00074572913 | 275 | $2,966 |
| 00074572953 | 4 | $43 |
| 00074622713 | 2,274 | $23,038 |
| 00074630113 | 1,101 | $14,159 |
| 00074630153 | 6 | $61 |
| 00074630413 | 669 | $8,556 |
| 00074630453 | 20 | $244 |
| 00074630613 | 90 | $802 |
| 00074630616 | 169 | $2,306 |
| 00074631613 | 3,288 | $33,736 |
| 00074632013 | 4,108 | $59,517 |
| 00074632053 | 76 | $1,062 |
| 00074632113 | 738 | $9,743 |
| 00074632613 | 830 | $7,739 |
| 00074632653 | 31 | $290 |
| 00074634620 | 1,803 | $16,384 |
| 00074634653 | 59 | $498 |
| 00074636902 | 58 | $704 |
| 00074636910 | 20 | $379 |
| 00074637313 | 49 | $771 |
| 00074637316 | 81 | $1,262 |
| 00074715613 | 512 | $6,093 |
| 00074715643 | 229 | $3,033 |
| 00074715653 | 328 | $4,986 |
| 00074803013 | 2 | $44 |
| 00074803043 | 2 | $23 |
| 00074803053 | 3 | $50 |
| Total | 29,870 | $346,166 |

*Breakdown by Service Year and Quarter*

| Year | Quarter | # of Claims | Paid Amount |
|---|---|---|---|
| 2006 | 1 | 4,681 | $54,074 |
| 2006 | 2 | 3,474 | $41,387 |
| 2006 | 3 | 3,174 | $36,716 |
| 2006 | 4 | 3,698 | $41,865 |
| 2007 | 1 | 3,364 | $39,128 |
| 2007 | 2 | 2,786 | $32,680 |
| 2007 | 3 | 2,649 | $31,439 |
| 2007 | 4 | 2,963 | $33,704 |
| 2008 | 1 | 3,081 | $35,173 |
| Total | | 29,870 | $346,166 |

**Table 18A: Breakdown of Kentucky Medicaid Spending by NDC and Year-Quarter for 1995-2005**

*Breakdown by National Drug Code*

| NDC | # of Claims | Paid Amount |
|---|---|---|
| 00074258913 | 22,248 | $244,434 |
| 00074258953 | 7,501 | $77,088 |
| 00074374716 | 15,158 | $133,796 |
| 00074374816 | 7,046 | $82,275 |
| 00074572911 | 611 | $6,550 |
| 00074572913 | 10,313 | $109,787 |
| 00074572919 | 1,274 | $13,426 |
| 00074572953 | 3,686 | $38,816 |
| 00074622713 | 7,558 | $80,452 |
| 00074630113 | 13,706 | $154,315 |
| 00074630153 | 4,529 | $50,266 |
| 00074630411 | 582 | $7,537 |
| 00074630413 | 18,656 | $209,081 |
| 00074630430 | 43 | $513 |
| 00074630440 | 3 | $40 |
| 00074630453 | 6,404 | $70,466 |
| 00074630613 | 241 | $2,521 |
| 00074630616 | 3,366 | $29,161 |
| 00074631613 | 16,119 | $169,615 |
| 00074632011 | 450 | $5,512 |
| 00074632013 | 50,659 | $646,751 |
| 00074632030 | 9 | $101 |
| 00074632053 | 22,246 | $276,036 |
| 00074632111 | 221 | $2,978 |
| 00074632113 | 12,680 | $174,676 |
| 00074632611 | 800 | $7,728 |
| 00074632613 | 8,396 | $73,808 |
| 00074632653 | 3,459 | $30,162 |
| 00074634619 | 316 | $2,564 |
| 00074634620 | 9,988 | $86,501 |
| 00074634638 | 664 | $7,155 |
| 00074634641 | 1 | $6 |
| 00074634653 | 8,536 | $71,944 |
| 00074636902 | 81 | $1,280 |
| 00074636910 | 42 | $702 |
| 00074637313 | 86 | $1,227 |
| 00074637316 | 1,208 | $13,359 |
| 00074715613 | 4,539 | $63,602 |
| 00074715643 | 5,806 | $102,721 |
| 00074715653 | 3,736 | $76,523 |
| 00074803013 | 1,322 | $22,535 |
| 00074803043 | 1,154 | $25,169 |
| 00074803053 | 805 | $20,978 |
| Total | 276,248 | $3,194,157 |

*Breakdown by Service Year and Quarter*

| Year | Quarter | # of Claims | Paid Amount |
|---|---|---|---|
| 1995 | 1 | 15,170 | $164,291 |
| 1995 | 2 | 6,702 | $72,500 |
| 1995 | 3 | 9,468 | $103,857 |
| 1995 | 4 | 14,522 | $170,655 |
| 1996 | 1 | 14,712 | $174,964 |
| 1996 | 2 | 11,053 | $129,359 |
| 1996 | 3 | 9,277 | $105,555 |
| 1996 | 4 | 13,316 | $151,854 |
| 1997 | 1 | 12,339 | $137,736 |
| 1997 | 2 | 8,861 | $98,023 |
| 1997 | 3 | 7,392 | $81,709 |
| 1997 | 4 | 9,581 | $108,893 |
| 1998 | 1 | 8,527 | $96,460 |
| 1998 | 2 | 4,599 | $52,429 |
| 1998 | 3 | 4,436 | $50,603 |
| 1998 | 4 | 6,023 | $67,799 |
| 1999 | 1 | 7,363 | $83,842 |
| 1999 | 2 | 4,010 | $46,143 |
| 1999 | 3 | 3,987 | $46,142 |
| 1999 | 4 | 5,484 | $63,042 |
| 2000 | 1 | 5,745 | $66,986 |
| 2000 | 2 | 3,843 | $45,800 |
| 2000 | 3 | 4,481 | $53,079 |
| 2000 | 4 | 6,219 | $73,955 |
| 2001 | 1 | 7,109 | $86,860 |
| 2001 | 2 | 4,362 | $52,631 |
| 2001 | 3 | 3,973 | $48,180 |
| 2001 | 4 | 5,818 | $70,833 |
| 2002 | 1 | 6,205 | $77,896 |
| 2002 | 2 | 4,519 | $55,173 |
| 2002 | 3 | 4,113 | $49,800 |
| 2002 | 4 | 5,414 | $64,769 |
| 2003 | 1 | 5,648 | $68,040 |
| 2003 | 2 | 4,173 | $47,566 |
| 2003 | 3 | 3,855 | $44,542 |
| 2003 | 4 | 5,692 | $65,029 |
| 2004 | 1 | 4,892 | $62,906 |
| 2004 | 2 | 3,546 | $40,650 |
| 2004 | 3 | 3,376 | $39,264 |
| 2004 | 4 | 4,131 | $47,777 |
| 2005 | 1 | 2,312 | $26,569 |
| Total | | 276,248 | $3,194,157 |

**Table 18B: Kentucky SMRF-MAX Medicaid Spending by NDC and Year-Quarter for 1994**

*Breakdown by National Drug Code*

| NDC | # of Claims | Paid Amount |
|---|---|---|
| 00074258913 | 2,862 | $29,876 |
| 00074258953 | 4 | $36 |
| 00074374716 | 3,173 | $25,532 |
| 00074374816 | 1,071 | $13,133 |
| 00074572911 | 116 | $1,193 |
| 00074572913 | 2,619 | $28,253 |
| 00074572919 | 59 | $648 |
| 00074572953 | 921 | $9,538 |
| 00074622713 | 598 | $5,964 |
| 00074630113 | 6,741 | $77,478 |
| 00074630153 | 1,412 | $15,837 |
| 00074630411 | 19 | $135 |
| 00074630413 | 3,787 | $38,489 |
| 00074630430 | 12 | $139 |
| 00074630440 | 84 | $777 |
| 00074630453 | 753 | $7,954 |
| 00074630613 | 146 | $1,413 |
| 00074630616 | 1,924 | $15,059 |
| 00074631613 | 2,306 | $23,383 |
| 00074632011 | 8 | $97 |
| 00074632013 | 8,602 | $101,782 |
| 00074632030 | 54 | $761 |
| 00074632053 | 2,118 | $24,931 |
| 00074632111 | 63 | $584 |
| 00074632113 | 1,541 | $19,511 |
| 00074632611 | 212 | $2,151 |
| 00074632613 | 1,986 | $17,075 |
| 00074632653 | 878 | $7,157 |
| 00074634619 | 30 | $264 |
| 00074634620 | 2,594 | $22,098 |
| 00074634638 | 223 | $2,421 |
| 00074634641 | 6 | $51 |
| 00074634653 | 2,567 | $20,713 |
| 00074636902 | 16 | $202 |
| 00074636910 | 2 | $24 |
| 00074637313 | 33 | $413 |
| 00074637316 | 626 | $6,787 |
| 00074803013 | 761 | $11,326 |
| 00074803043 | 879 | $16,858 |
| 00074803053 | 526 | $12,092 |
| Total | 52,332 | $562,135 |

*Breakdown by Service Year and Quarter*

| Year | Quarter | # of Claims | Paid Amount |
|---|---|---|---|
| 1994 | 1 | 14,777 | $160,910 |
| 1994 | 2 | 10,859 | $116,481 |
| 1994 | 3 | 8,997 | $96,765 |
| 1994 | 4 | 17,699 | $187,979 |
| Total | | 52,332 | $562,135 |

**Table 18C: Kentucky MSIS Medicaid Spending by NDC and Year-Quarter for 2005**

*Breakdown by National Drug Code*

| NDC | # of Claims | Paid Amount |
|---|---|---|
| 00074258913 | 902 | $8,645 |
| 00074258953 | 198 | $2,041 |
| 00074374716 | 702 | $6,381 |
| 00074374816 | 355 | $3,724 |
| 00074572913 | 158 | $1,727 |
| 00074572953 | 22 | $271 |
| 00074622713 | 435 | $3,417 |
| 00074630113 | 476 | $4,457 |
| 00074630153 | 57 | $625 |
| 00074630413 | 475 | $4,537 |
| 00074630453 | 133 | $1,452 |
| 00074630613 | 3 | $37 |
| 00074630616 | 48 | $426 |
| 00074631613 | 448 | $3,468 |
| 00074632013 | 1,149 | $12,960 |
| 00074632053 | 467 | $4,608 |
| 00074632113 | 361 | $4,402 |
| 00074632613 | 270 | $1,632 |
| 00074632653 | 43 | $254 |
| 00074634620 | 242 | $1,330 |
| 00074634653 | 77 | $497 |
| 00074636902 | 1 | $21 |
| 00074636910 | 3 | $59 |
| 00074637316 | 24 | $236 |
| 00074715613 | 32 | $367 |
| 00074715643 | 46 | $450 |
| 00074715653 | 88 | $1,222 |
| 00074803013 | 1 | $14 |
| Total | 7,216 | $69,260 |

*Breakdown by Service Year and Quarter*

| Year | Quarter | # of Claims | Paid Amount |
|---|---|---|---|
| 2005 | 2 | 4,307 | $40,865 |
| 2005 | 3 | 2,909 | $28,395 |
| | Total | 7,216 | $69,260 |

**Table 18D: Kentucky SDUD Medicaid Spending by NDC and Year-Quarter for 2005-2008**

*Breakdown by National Drug Code*

| NDC | # of Claims | Paid Amount |
|---|---|---|
| 00074258913 | 3,480 | $37,378 |
| 00074258953 | 636 | $6,973 |
| 00074374716 | 3,535 | $37,185 |
| 00074374816 | 1,893 | $23,571 |
| 00074572913 | 516 | $5,781 |
| 00074572953 | 75 | $881 |
| 00074622713 | 1,866 | $19,122 |
| 00074630113 | 1,515 | $16,361 |
| 00074630153 | 251 | $2,944 |
| 00074630413 | 1,325 | $16,026 |
| 00074630453 | 378 | $4,365 |
| 00074630613 | 47 | $453 |
| 00074630616 | 229 | $2,316 |
| 00074631613 | 1,931 | $19,253 |
| 00074632013 | 3,992 | $54,314 |
| 00074632053 | 1,491 | $18,758 |
| 00074632113 | 1,602 | $22,255 |
| 00074632613 | 1,006 | $8,985 |
| 00074632653 | 121 | $1,014 |
| 00074634620 | 1,143 | $9,222 |
| 00074634653 | 184 | $1,416 |
| 00074636902 | 17 | $195 |
| 00074636910 | 12 | $161 |
| 00074637313 | 7 | $92 |
| 00074637316 | 64 | $728 |
| 00074715613 | 82 | $1,442 |
| 00074715643 | 55 | $1,067 |
| 00074715653 | 107 | $2,445 |
| 00074803013 | 3 | $29 |
| 00074803053 | 2 | $53 |
| Total | 27,565 | $314,787 |

*Breakdown by Service Year and Quarter*

| Year | Quarter | # of Claims | Paid Amount |
|---|---|---|---|
| 2005 | 4 | 4,312 | $49,689 |
| 2006 | 1 | 3,067 | $35,377 |
| 2006 | 2 | 2,632 | $29,743 |
| 2006 | 3 | 2,661 | $30,942 |
| 2006 | 4 | 2,731 | $31,313 |
| 2007 | 1 | 3,157 | $35,754 |
| 2007 | 2 | 1,802 | $20,740 |
| 2007 | 3 | 2,261 | $25,457 |
| 2007 | 4 | 2,304 | $26,183 |
| 2008 | 1 | 2,638 | $29,589 |
| Total | | 27,565 | $314,787 |

**Table 19A: Breakdown of Georgia Medicaid Spending by NDC and Year-Quarter for 2000-2006**

*Breakdown by National Drug Code*

| NDC | # of Claims | Paid Amount |
|---|---|---|
| 00074258913 | 10,260 | $84,901 |
| 00074258953 | 234 | $2,269 |
| 00074374716 | 15,934 | $114,136 |
| 00074374816 | 8,014 | $74,565 |
| 00074572911 | 21 | $168 |
| 00074572913 | 2,576 | $25,910 |
| 00074572919 | 9 | $84 |
| 00074572953 | 497 | $4,605 |
| 00074622713 | 7,601 | $65,633 |
| 00074630113 | 3,979 | $37,136 |
| 00074630153 | 304 | $2,934 |
| 00074630411 | 38 | $391 |
| 00074630413 | 6,865 | $68,912 |
| 00074630430 | 3 | $32 |
| 00074630440 | 1 | $9 |
| 00074630453 | 865 | $10,092 |
| 00074630613 | 194 | $1,662 |
| 00074630616 | 1,360 | $12,795 |
| 00074631613 | 9,050 | $79,172 |
| 00074632011 | 46 | $469 |
| 00074632013 | 20,558 | $221,109 |
| 00074632030 | 2 | $12 |
| 00074632053 | 2,883 | $31,851 |
| 00074632111 | 17 | $182 |
| 00074632113 | 5,588 | $65,365 |
| 00074632611 | 57 | $451 |
| 00074632613 | 4,271 | $33,415 |
| 00074632653 | 388 | $3,573 |
| 00074634619 | 48 | $407 |
| 00074634620 | 4,811 | $34,206 |
| 00074634638 | 9 | $70 |
| 00074634641 | 8 | $60 |
| 00074634653 | 965 | $8,011 |
| 00074636902 | 72 | $962 |
| 00074636910 | 51 | $830 |
| 00074637313 | 65 | $695 |
| 00074637316 | 421 | $4,815 |
| 00074715613 | 4,277 | $58,194 |
| 00074715643 | 4,291 | $72,761 |
| 00074715653 | 3,575 | $71,367 |
| 00074803013 | 110 | $1,841 |
| 00074803043 | 66 | $1,446 |
| 00074803053 | 132 | $2,896 |
| Total | 120,516 | $1,200,394 |

*Breakdown by Service Year and Quarter*

| Year | Quarter | # of Claims | Paid Amount |
|---|---|---|---|
| 2000 | 4 | 6,198 | $63,512 |
| 2001 | 1 | 6,672 | $65,486 |
| 2001 | 2 | 4,297 | $40,472 |
| 2001 | 3 | 4,320 | $40,089 |
| 2001 | 4 | 5,518 | $54,746 |
| 2002 | 1 | 6,087 | $60,785 |
| 2002 | 2 | 4,458 | $43,314 |
| 2002 | 3 | 4,263 | $42,390 |
| 2002 | 4 | 5,692 | $58,098 |
| 2003 | 1 | 6,454 | $65,734 |
| 2003 | 2 | 4,471 | $45,080 |
| 2003 | 3 | 4,505 | $44,986 |
| 2003 | 4 | 6,194 | $64,266 |
| 2004 | 1 | 5,361 | $56,532 |
| 2004 | 2 | 4,432 | $45,259 |
| 2004 | 3 | 4,425 | $43,394 |
| 2004 | 4 | 5,427 | $54,790 |
| 2005 | 1 | 6,530 | $67,040 |
| 2005 | 2 | 4,759 | $48,828 |
| 2005 | 3 | 4,582 | $45,229 |
| 2005 | 4 | 5,554 | $54,386 |
| 2006 | 1 | 4,607 | $43,957 |
| 2006 | 2 | 2,732 | $24,894 |
| 2006 | 3 | 1,658 | $15,074 |
| 2006 | 4 | 1,320 | $12,055 |
| Total | | 120,516 | $1,200,394 |

**Table 19B: Georgia SMRF-MAX Medicaid Spending by NDC and Year-Quarter for 1994-2000**

*Breakdown by National Drug Code*

| NDC | # of Claims | Paid Amount |
|---|---|---|
| 00074258913 | 12,345 | $94,859 |
| 00074258953 | 565 | $5,462 |
| 00074374716 | 22,843 | $145,087 |
| 00074374816 | 8,253 | $74,209 |
| 00074572911 | 630 | $6,562 |
| 00074572913 | 13,500 | $121,281 |
| 00074572919 | 59 | $588 |
| 00074572953 | 1,285 | $12,564 |
| 00074622713 | 6,407 | $57,435 |
| 00074630113 | 15,292 | $151,448 |
| 00074630153 | 1,322 | $13,186 |
| 00074630411 | 194 | $1,417 |
| 00074630413 | 10,710 | $91,875 |
| 00074630430 | 7 | $95 |
| 00074630440 | 12 | $115 |
| 00074630453 | 5,603 | $49,580 |
| 00074630613 | 262 | $2,390 |
| 00074630616 | 6,876 | $50,420 |
| 00074631613 | 16,318 | $143,747 |
| 00074632011 | 196 | $2,168 |
| 00074632013 | 42,595 | $442,422 |
| 00074632030 | 12 | $150 |
| 00074632053 | 5,400 | $59,894 |
| 00074632111 | 88 | $967 |
| 00074632113 | 4,538 | $50,099 |
| 00074632611 | 229 | $1,860 |
| 00074632613 | 5,944 | $45,914 |
| 00074632653 | 994 | $7,874 |
| 00074634619 | 87 | $704 |
| 00074634620 | 9,651 | $70,521 |
| 00074634638 | 127 | $1,060 |
| 00074634641 | 12 | $107 |
| 00074634653 | 7,262 | $52,136 |
| 00074636902 | 316 | $3,730 |
| 00074636910 | 140 | $2,093 |
| 00074637313 | 115 | $1,406 |
| 00074637316 | 2,674 | $27,253 |
| 00074715613 | 11,762 | $152,422 |
| 00074715643 | 12,438 | $219,783 |
| 00074715653 | 6,821 | $142,302 |
| 00074803013 | 4,710 | $68,818 |
| 00074803043 | 3,485 | $72,624 |
| 00074803053 | 6,011 | $123,981 |
| Total | 248,090 | $2,572,608 |

*Breakdown by Service Year and Quarter*

| Year | Quarter | # of Claims | Paid Amount |
|---|---|---|---|
| 1994 | 1 | 14,750 | $151,885 |
| 1994 | 2 | 9,374 | $95,440 |
| 1994 | 3 | 9,486 | $95,350 |
| 1994 | 4 | 14,430 | $149,021 |
| 1995 | 1 | 14,268 | $139,473 |
| 1995 | 2 | 9,687 | $93,191 |
| 1995 | 3 | 9,070 | $87,958 |
| 1995 | 4 | 18,597 | $223,841 |
| 1996 | 1 | 17,437 | $215,773 |
| 1996 | 2 | 11,800 | $142,862 |
| 1996 | 3 | 8,089 | $90,148 |
| 1996 | 4 | 11,032 | $114,481 |
| 1997 | 1 | 9,784 | $93,188 |
| 1997 | 2 | 7,198 | $66,351 |
| 1997 | 3 | 5,984 | $55,197 |
| 1997 | 4 | 9,008 | $88,972 |
| 1998 | 1 | 9,002 | $87,185 |
| 1998 | 2 | 5,429 | $51,965 |
| 1998 | 3 | 5,175 | $51,373 |
| 1998 | 4 | 7,809 | $75,641 |
| 1999 | 1 | 8,794 | $86,009 |
| 1999 | 2 | 4,958 | $48,261 |
| 1999 | 3 | 4,758 | $46,497 |
| 1999 | 4 | 6,798 | $69,644 |
| 2000 | 1 | 6,710 | $66,522 |
| 2000 | 2 | 4,595 | $45,910 |
| 2000 | 3 | 4,068 | $40,470 |
| Total | | 248,090 | $2,572,608 |

**Table 19C: Georgia SDUD Medicaid Spending by NDC and Year-Quarter for 2007**

*Breakdown by National Drug Code*

| NDC | # of Claims | Paid Amount |
|---|---|---|
| 00074258913 | 252 | $2,061 |
| 00074258953 | 7 | $88 |
| 00074374716 | 978 | $7,767 |
| 00074374816 | 258 | $2,462 |
| 00074572913 | 76 | $728 |
| 00074572953 | 23 | $170 |
| 00074622713 | 482 | $3,761 |
| 00074630113 | 165 | $1,663 |
| 00074630153 | 1 | $7 |
| 00074630413 | 161 | $1,481 |
| 00074630453 | 7 | $69 |
| 00074630613 | 16 | $143 |
| 00074630616 | 25 | $208 |
| 00074631613 | 326 | $2,811 |
| 00074632013 | 612 | $7,050 |
| 00074632053 | 73 | $893 |
| 00074632113 | 202 | $2,219 |
| 00074632613 | 270 | $2,049 |
| 00074632653 | 24 | $141 |
| 00074634620 | 204 | $1,378 |
| 00074634653 | 9 | $66 |
| 00074636910 | 1 | $19 |
| 00074637313 | 2 | $21 |
| 00074637316 | 26 | $380 |
| 00074715613 | 9 | $118 |
| 00074715643 | 4 | $89 |
| 00074715653 | 6 | $147 |
| Total | 4,219 | $37,990 |

*Breakdown by Service Year and Quarter*

| Year | Quarter | # of Claims | Paid Amount |
|---|---|---|---|
| 2007 | 1 | 1,324 | $11,972 |
| 2007 | 2 | 955 | $8,720 |
| 2007 | 3 | 905 | $8,195 |
| 2007 | 4 | 1,035 | $9,104 |
| Total | | 4,219 | $37,990 |

**Table 20A: Breakdown of Pennsylvania Medicaid Spending by NDC and Year-Quarter for 1997-2007**

*Breakdown by National Drug Code*

| NDC | # of Claims | Paid Amount |
|---|---|---|
| 00074258913 | 8,188 | $80,563 |
| 00074258953 | 301 | $2,564 |
| 00074374716 | 8,768 | $79,902 |
| 00074374816 | 4,327 | $57,072 |
| 00074572911 | 83 | $783 |
| 00074572913 | 1,593 | $15,392 |
| 00074572919 | 15 | $132 |
| 00074572953 | 223 | $2,186 |
| 00074622713 | 6,857 | $66,472 |
| 00074630113 | 3,320 | $34,795 |
| 00074630153 | 216 | $2,177 |
| 00074630411 | 198 | $1,881 |
| 00074630413 | 7,421 | $81,938 |
| 00074630430 | 21 | $363 |
| 00074630440 | 14 | $157 |
| 00074630453 | 2,850 | $31,749 |
| 00074630613 | 68 | $606 |
| 00074630616 | 491 | $4,734 |
| 00074631613 | 4,478 | $42,525 |
| 00074632011 | 152 | $1,620 |
| 00074632013 | 16,874 | $200,942 |
| 00074632030 | 12 | $160 |
| 00074632053 | 6,623 | $81,743 |
| 00074632111 | 70 | $915 |
| 00074632113 | 4,789 | $64,127 |
| 00074632611 | 663 | $5,039 |
| 00074632613 | 6,923 | $55,669 |
| 00074632653 | 487 | $4,109 |
| 00074634619 | 47 | $326 |
| 00074634620 | 5,063 | $40,176 |
| 00074634638 | 261 | $1,688 |
| 00074634641 | 3 | $30 |
| 00074634653 | 1,266 | $10,208 |
| 00074636902 | 93 | $1,235 |
| 00074636910 | 39 | $706 |
| 00074637313 | 42 | $429 |
| 00074637316 | 184 | $2,440 |
| 00074715613 | 492 | $7,388 |
| 00074715643 | 577 | $9,928 |
| 00074715653 | 431 | $8,981 |
| 00074803013 | 5 | $115 |
| 00074803043 | 7 | $196 |
| 00074803053 | 6 | $164 |
| Total | 94,541 | $1,004,327 |

*Breakdown by Service Year and Quarter*

| Year | Quarter | # of Claims | Paid Amount |
|---|---|---|---|
| 1997 | 4 | 4 | $47 |
| 1998 | 1 | 12 | $109 |
| 1998 | 2 | 1,187 | $11,497 |
| 1998 | 3 | 4,475 | $45,392 |
| 1998 | 4 | 6,267 | $66,293 |
| 1999 | 1 | 6,234 | $66,688 |
| 1999 | 2 | 3,824 | $40,007 |
| 1999 | 3 | 2,971 | $30,297 |
| 1999 | 4 | 3,872 | $39,513 |
| 2000 | 1 | 3,888 | $39,910 |
| 2000 | 2 | 3,030 | $31,661 |
| 2000 | 3 | 2,706 | $28,206 |
| 2000 | 4 | 2,222 | $23,196 |
| 2001 | 1 | 3,609 | $39,106 |
| 2001 | 2 | 2,859 | $30,649 |
| 2001 | 3 | 2,376 | $26,269 |
| 2001 | 4 | 1,900 | $20,543 |
| 2002 | 1 | 2,918 | $32,608 |
| 2002 | 2 | 2,020 | $22,348 |
| 2002 | 3 | 1,967 | $21,895 |
| 2002 | 4 | 1,554 | $17,263 |
| 2003 | 1 | 2,572 | $28,521 |
| 2003 | 2 | 2,244 | $24,647 |
| 2003 | 3 | 2,119 | $23,841 |
| 2003 | 4 | 1,931 | $21,760 |
| 2004 | 1 | 2,521 | $28,682 |
| 2004 | 2 | 2,327 | $26,898 |
| 2004 | 3 | 2,132 | $24,955 |
| 2004 | 4 | 1,746 | $20,378 |
| 2005 | 1 | 2,725 | $31,038 |
| 2005 | 2 | 2,269 | $26,345 |
| 2005 | 3 | 2,054 | $21,648 |
| 2005 | 4 | 1,782 | $17,311 |
| 2006 | 1 | 2,161 | $20,355 |
| 2006 | 2 | 1,751 | $15,838 |
| 2006 | 3 | 1,613 | $13,948 |
| 2006 | 4 | 1,272 | $11,559 |
| 2007 | 1 | 1,427 | $13,107 |
| Total | | 94,541 | $1,004,327 |

**Table 20B: Pennsylvania SMRF-MAX Medicaid Spending by NDC and Year-Quarter for 1994-1998**

*Breakdown by National Drug Code*

| NDC | # of Claims | Paid Amount |
|---|---|---|
| 00074258913 | 9,638 | $86,455 |
| 00074258953 | 169 | $1,536 |
| 00074374716 | 10,858 | $88,590 |
| 00074374816 | 5,531 | $63,077 |
| 00074572911 | 175 | $1,615 |
| 00074572913 | 9,569 | $85,108 |
| 00074572919 | 143 | $1,221 |
| 00074572953 | 1,717 | $15,432 |
| 00074622713 | 9,205 | $87,632 |
| 00074630113 | 17,860 | $182,115 |
| 00074630153 | 2,451 | $25,848 |
| 00074630411 | 255 | $2,372 |
| 00074630413 | 20,316 | $189,149 |
| 00074630430 | 27 | $273 |
| 00074630440 | 29 | $290 |
| 00074630453 | 2,133 | $19,848 |
| 00074630613 | 226 | $1,991 |
| 00074630616 | 5,085 | $43,549 |
| 00074631613 | 10,105 | $86,221 |
| 00074632011 | 247 | $2,877 |
| 00074632013 | 50,003 | $534,336 |
| 00074632030 | 15 | $212 |
| 00074632053 | 4,326 | $48,098 |
| 00074632111 | 63 | $688 |
| 00074632113 | 5,572 | $69,230 |
| 00074632611 | 1,091 | $7,959 |
| 00074632613 | 15,680 | $115,199 |
| 00074632653 | 1,409 | $9,327 |
| 00074634619 | 205 | $1,400 |
| 00074634620 | 13,079 | $90,799 |
| 00074634638 | 178 | $1,266 |
| 00074634641 | 2 | $18 |
| 00074634653 | 6,243 | $39,660 |
| 00074636902 | 206 | $2,491 |
| 00074636910 | 127 | $2,030 |
| 00074637313 | 118 | $1,305 |
| 00074637316 | 2,430 | $30,640 |
| 00074715613 | 2,647 | $40,525 |
| 00074715643 | 2,951 | $59,428 |
| 00074715653 | 2,298 | $54,727 |
| 00074803013 | 822 | $15,631 |
| 00074803043 | 620 | $16,024 |
| 00074803053 | 708 | $23,740 |
| Total | 216,532 | $2,149,932 |

*Breakdown by Service Year and Quarter*

| Year | Quarter | # of Claims | Paid Amount |
|---|---|---|---|
| 1994 | 1 | 18,739 | $189,814 |
| 1994 | 2 | 15,354 | $155,003 |
| 1994 | 3 | 12,920 | $122,489 |
| 1994 | 4 | 16,726 | $157,837 |
| 1995 | 1 | 18,695 | $177,537 |
| 1995 | 2 | 12,877 | $123,392 |
| 1995 | 3 | 10,684 | $103,154 |
| 1995 | 4 | 14,715 | $151,027 |
| 1996 | 1 | 15,622 | $169,236 |
| 1996 | 2 | 12,379 | $128,856 |
| 1996 | 3 | 9,925 | $98,829 |
| 1996 | 4 | 13,638 | $136,609 |
| 1997 | 1 | 11,749 | $116,101 |
| 1997 | 2 | 7,585 | $73,647 |
| 1997 | 3 | 5,808 | $55,388 |
| 1997 | 4 | 7,013 | $69,544 |
| 1998 | 1 | 7,366 | $73,189 |
| 1998 | 2 | 4,737 | $48,280 |
| Total | | 216,532 | $2,149,932 |

**Table 20C: Pennsylvania SDUD Medicaid Spending by NDC and Year-Quarter for 2007-2008**

*Breakdown by National Drug Code*

| NDC | # of Claims | Paid Amount |
|---|---|---|
| 00074258913 | 596 | $5,206 |
| 00074258953 | 18 | $96 |
| 00074374716 | 1,146 | $10,611 |
| 00074374816 | 365 | $4,740 |
| 00074572913 | 1 | $5 |
| 00074572953 | 1 | $9 |
| 00074622713 | 657 | $5,499 |
| 00074630113 | 314 | $3,448 |
| 00074630153 | 1 | $10 |
| 00074630413 | 320 | $3,285 |
| 00074630453 | 98 | $1,326 |
| 00074630616 | 1 | $13 |
| 00074631613 | 197 | $1,572 |
| 00074632013 | 875 | $9,452 |
| 00074632053 | 322 | $3,770 |
| 00074632113 | 334 | $4,257 |
| 00074632613 | 510 | $3,401 |
| 00074632653 | 31 | $235 |
| 00074634620 | 282 | $1,776 |
| 00074634653 | 21 | $128 |
| 00074637313 | 12 | $95 |
| 00074715613 | 1 | $9 |
| 00074715643 | 1 | $18 |
| 00074715653 | 1 | $25 |
| 00074803013 | 1 | $12 |
| Total | 6,106 | $58,996 |

*Breakdown by Service Year and Quarter*

| Year | Quarter | # of Claims | Paid Amount |
|---|---|---|---|
| 2007 | 2 | 1,714 | $16,846 |
| 2007 | 3 | 1,245 | $11,873 |
| 2007 | 4 | 1,568 | $15,136 |
| 2008 | 1 | 1,579 | $15,140 |
| Total | | 6,106 | $58,996 |

**Table 21A: Breakdown of North Carolina Medicaid Spending by NDC and Year-Quarter for 2001-2007**

*Breakdown by National Drug Code*

| NDC | # of Claims | Paid Amount |
|---|---|---|
| 00074258913 | 8,688 | $94,336 |
| 00074258953 | 195 | $2,163 |
| 00074374716 | 8,854 | $88,478 |
| 00074374816 | 5,523 | $75,031 |
| 00074572911 | 46 | $428 |
| 00074572913 | 1,841 | $19,703 |
| 00074572953 | 112 | $1,107 |
| 00074622713 | 4,551 | $41,488 |
| 00074630113 | 2,605 | $34,650 |
| 00074630153 | 118 | $1,197 |
| 00074630411 | 21 | $307 |
| 00074630413 | 9,400 | $104,831 |
| 00074630440 | 7 | $68 |
| 00074630453 | 424 | $4,337 |
| 00074630613 | 54 | $509 |
| 00074630616 | 363 | $4,385 |
| 00074631613 | 3,903 | $41,925 |
| 00074632011 | 55 | $575 |
| 00074632013 | 19,911 | $232,821 |
| 00074632030 | 3 | $31 |
| 00074632053 | 1,303 | $15,581 |
| 00074632111 | 21 | $316 |
| 00074632113 | 7,540 | $94,684 |
| 00074632611 | 87 | $720 |
| 00074632613 | 1,979 | $14,120 |
| 00074632653 | 118 | $763 |
| 00074634619 | 2 | $14 |
| 00074634620 | 2,867 | $26,480 |
| 00074634638 | 40 | $301 |
| 00074634641 | 1 | $7 |
| 00074634653 | 506 | $5,175 |
| 00074636902 | 88 | $1,176 |
| 00074636910 | 29 | $601 |
| 00074637313 | 27 | $346 |
| 00074637316 | 152 | $1,942 |
| 00074715613 | 1,181 | $18,325 |
| 00074715643 | 1,094 | $19,389 |
| 00074715653 | 1,046 | $20,754 |
| 00074803013 | 17 | $472 |
| 00074803043 | 17 | $496 |
| 00074803053 | 33 | $980 |
| Total | 84,822 | $971,013 |

*Breakdown by Service Year and Quarter*

| Year | Quarter | # of Claims | Paid Amount |
|---|---|---|---|
| 2001 | 1 | 3,102 | $38,216 |
| 2001 | 2 | 3,663 | $45,309 |
| 2001 | 3 | 3,452 | $42,386 |
| 2001 | 4 | 4,132 | $47,828 |
| 2002 | 1 | 4,398 | $50,257 |
| 2002 | 2 | 3,486 | $36,688 |
| 2002 | 3 | 3,514 | $37,420 |
| 2002 | 4 | 4,154 | $46,579 |
| 2003 | 1 | 4,497 | $50,265 |
| 2003 | 2 | 3,631 | $39,879 |
| 2003 | 3 | 3,410 | $38,520 |
| 2003 | 4 | 4,545 | $51,282 |
| 2004 | 1 | 3,769 | $43,246 |
| 2004 | 2 | 3,481 | $40,927 |
| 2004 | 3 | 3,359 | $40,616 |
| 2004 | 4 | 3,606 | $42,057 |
| 2005 | 1 | 3,741 | $43,583 |
| 2005 | 2 | 3,080 | $35,317 |
| 2005 | 3 | 2,881 | $32,973 |
| 2005 | 4 | 3,302 | $37,456 |
| 2006 | 1 | 2,756 | $31,282 |
| 2006 | 2 | 2,226 | $24,995 |
| 2006 | 3 | 2,063 | $23,048 |
| 2006 | 4 | 2,420 | $26,919 |
| 2007 | 1 | 2,154 | $23,965 |
| Total | | 84,822 | $971,013 |

**Table 21B: North Carolina SMRF-MAX Medicaid Spending by NDC and Year-Quarter for 1999-2000**

*Breakdown by National Drug Code*

| NDC | # of Claims | Paid Amount |
|---|---|---|
| 00074258913 | 2,962 | $28,794 |
| 00074258953 | 19 | $231 |
| 00074374716 | 3,683 | $32,028 |
| 00074374816 | 2,019 | $22,459 |
| 00074572911 | 24 | $272 |
| 00074572913 | 1,080 | $12,173 |
| 00074572953 | 98 | $980 |
| 00074622713 | 819 | $9,078 |
| 00074630113 | 772 | $8,737 |
| 00074630153 | 45 | $420 |
| 00074630411 | 14 | $227 |
| 00074630413 | 3,450 | $37,789 |
| 00074630430 | 1 | $11 |
| 00074630440 | 33 | $329 |
| 00074630453 | 160 | $1,721 |
| 00074630613 | 15 | $147 |
| 00074630616 | 120 | $1,098 |
| 00074631613 | 1,629 | $18,710 |
| 00074632011 | 118 | $1,681 |
| 00074632013 | 10,066 | $121,080 |
| 00074632030 | 20 | $237 |
| 00074632053 | 902 | $11,834 |
| 00074632111 | 22 | $242 |
| 00074632113 | 3,080 | $42,982 |
| 00074632611 | 68 | $653 |
| 00074632613 | 558 | $5,181 |
| 00074632653 | 47 | $448 |
| 00074634619 | 4 | $35 |
| 00074634620 | 1,320 | $12,002 |
| 00074634638 | 11 | $123 |
| 00074634641 | 1 | $8 |
| 00074634653 | 246 | $2,468 |
| 00074636910 | 1 | $19 |
| 00074637313 | 7 | $77 |
| 00074637316 | 67 | $716 |
| 00074715613 | 994 | $13,686 |
| 00074715643 | 1,174 | $19,505 |
| 00074715653 | 640 | $12,219 |
| 00074803013 | 49 | $750 |
| 00074803043 | 34 | $650 |
| 00074803053 | 30 | $723 |
| Total | 36,402 | $422,523 |

*Breakdown by Service Year and Quarter*

| Year | Quarter | # of Claims | Paid Amount |
|---|---|---|---|
| 1999 | 1 | 7,006 | $79,586 |
| 1999 | 2 | 4,109 | $47,348 |
| 1999 | 3 | 3,806 | $43,714 |
| 1999 | 4 | 4,996 | $57,545 |
| 2000 | 1 | 4,902 | $56,714 |
| 2000 | 2 | 3,688 | $43,278 |
| 2000 | 3 | 3,416 | $40,506 |
| 2000 | 4 | 4,479 | $53,832 |
| Total | | 36,402 | $422,523 |

**Table 21C: North Carolina SDUD Medicaid Spending by NDC and Year-Quarter for 1994-1998**

*Breakdown by National Drug Code*

| NDC | # of Claims | Paid Amount |
|---|---|---|
| 00074258913 | 9,390 | $76,294 |
| 00074258953 | 55 | $536 |
| 00074374716 | 12,410 | $96,345 |
| 00074374816 | 6,417 | $67,201 |
| 00074572913 | 12,313 | $111,518 |
| 00074572919 | 121 | $1,357 |
| 00074572953 | 834 | $8,292 |
| 00074622713 | 2,268 | $25,105 |
| 00074630113 | 9,955 | $105,215 |
| 00074630153 | 271 | $3,363 |
| 00074630413 | 13,808 | $120,428 |
| 00074630430 | 24 | $268 |
| 00074630440 | 12 | $172 |
| 00074630453 | 582 | $5,775 |
| 00074630613 | 284 | $2,797 |
| 00074630616 | 3,621 | $31,500 |
| 00074631613 | 7,383 | $72,604 |
| 00074632011 | 560 | $6,941 |
| 00074632013 | 38,935 | $402,893 |
| 00074632030 | 114 | $1,467 |
| 00074632053 | 2,037 | $24,100 |
| 00074632111 | 59 | $712 |
| 00074632113 | 6,224 | $70,990 |
| 00074632613 | 2,440 | $21,531 |
| 00074632653 | 70 | $569 |
| 00074634620 | 4,724 | $40,394 |
| 00074634638 | 78 | $813 |
| 00074634641 | 3 | $25 |
| 00074634653 | 4,997 | $36,271 |
| 00074636902 | 94 | $1,342 |
| 00074636910 | 93 | $1,696 |
| 00074637313 | 135 | $1,565 |
| 00074637316 | 2,122 | $23,617 |
| 00074715613 | 6,117 | $93,408 |
| 00074715643 | 5,886 | $119,967 |
| 00074715653 | 3,368 | $79,905 |
| 00074803013 | 2,285 | $38,128 |
| 00074803043 | 1,627 | $31,819 |
| 00074803053 | 1,402 | $31,991 |
| Total | 163,118 | $1,758,913 |

*Breakdown by Service Year and Quarter*

| Year | Quarter | # of Claims | Paid Amount |
|---|---|---|---|
| 1994 | 1 | 11,010 | $108,156 |
| 1994 | 2 | 8,848 | $88,118 |
| 1994 | 3 | 7,378 | $72,479 |
| 1994 | 4 | 8,800 | $84,616 |
| 1995 | 1 | 12,242 | $119,782 |
| 1995 | 2 | 9,410 | $93,583 |
| 1995 | 3 | 7,818 | $77,884 |
| 1995 | 4 | 10,384 | $117,310 |
| 1996 | 1 | 15,795 | $205,551 |
| 1996 | 2 | 11,733 | $145,178 |
| 1996 | 3 | 9,944 | $118,001 |
| 1997 | 1 | 11,817 | $122,203 |
| 1997 | 2 | 7,714 | $77,093 |
| 1997 | 3 | 5,867 | $58,850 |
| 1998 | 1 | 8,962 | $96,994 |
| 1998 | 2 | 5,529 | $60,570 |
| 1998 | 3 | 4,138 | $47,224 |
| 1998 | 4 | 5,729 | $65,320 |
| Total | | 163,118 | $1,758,913 |

**Table 21D: North Carolina SDUD Medicaid Spending by NDC and Year-Quarter for 2007-2008**

*Breakdown by National Drug Code*

| NDC | # of Claims | Paid Amount |
|---|---|---|
| 00074258913 | 743 | $8,201 |
| 00074258953 | 12 | $153 |
| 00074374716 | 1,785 | $17,230 |
| 00074374816 | 662 | $8,680 |
| 00074572913 | 84 | $852 |
| 00074572953 | 4 | $34 |
| 00074622713 | 697 | $7,190 |
| 00074630113 | 236 | $2,948 |
| 00074630153 | 1 | $26 |
| 00074630413 | 662 | $7,832 |
| 00074630453 | 72 | $753 |
| 00074630613 | 15 | $132 |
| 00074630616 | 34 | $369 |
| 00074631613 | 272 | $2,441 |
| 00074632013 | 1,170 | $14,082 |
| 00074632053 | 90 | $991 |
| 00074632113 | 513 | $6,669 |
| 00074632613 | 363 | $2,698 |
| 00074632653 | 22 | $144 |
| 00074634620 | 372 | $2,625 |
| 00074634653 | 29 | $268 |
| 00074636902 | 30 | $369 |
| 00074636910 | 17 | $312 |
| 00074637313 | 6 | $73 |
| 00074637316 | 5 | $58 |
| 00074715613 | 20 | $413 |
| 00074715643 | 9 | $260 |
| 00074715653 | 16 | $489 |
| Total | 7,941 | $86,292 |

*Breakdown by Service Year and Quarter*

| Year | Quarter | # of Claims | Paid Amount |
|---|---|---|---|
| 2007 | 2 | 1,783 | $19,515 |
| 2007 | 3 | 1,957 | $21,512 |
| 2007 | 4 | 1,874 | $20,071 |
| 2008 | 1 | 2,327 | $25,194 |
| Total | | 7,941 | $86,292 |

**Table 22A: Breakdown of Massachusetts Medicaid Spending by NDC and Year-Quarter for 1995-2007**

*Breakdown by National Drug Code*

| NDC | # of Claims | Paid Amount |
|---|---|---|
| 00074258913 | 10,505 | $81,193 |
| 00074258953 | 366 | $2,838 |
| 00074374716 | 11,286 | $79,398 |
| 00074374816 | 5,712 | $56,108 |
| 00074572911 | 3 | $23 |
| 00074572913 | 1,621 | $12,722 |
| 00074572953 | 410 | $3,397 |
| 00074622713 | 22,914 | $183,347 |
| 00074630113 | 4,739 | $41,592 |
| 00074630153 | 613 | $5,640 |
| 00074630411 | 190 | $963 |
| 00074630413 | 14,336 | $106,461 |
| 00074630430 | 11 | $57 |
| 00074630440 | 5 | $39 |
| 00074630453 | 6,811 | $48,568 |
| 00074630613 | 33 | $255 |
| 00074630616 | 673 | $4,375 |
| 00074631613 | 8,744 | $71,771 |
| 00074632011 | 429 | $4,330 |
| 00074632013 | 85,426 | $881,665 |
| 00074632030 | 20 | $232 |
| 00074632053 | 28,862 | $297,330 |
| 00074632111 | 31 | $352 |
| 00074632113 | 8,621 | $108,407 |
| 00074632611 | 16 | $89 |
| 00074632613 | 19,618 | $110,659 |
| 00074632653 | 7,725 | $49,933 |
| 00074634620 | 3,132 | $19,802 |
| 00074634638 | 4 | $22 |
| 00074634653 | 4,928 | $31,141 |
| 00074636902 | 44 | $570 |
| 00074636910 | 49 | $770 |
| 00074637313 | 22 | $194 |
| 00074637316 | 386 | $3,487 |
| 00074715613 | 1,618 | $19,333 |
| 00074715643 | 3,512 | $55,977 |
| 00074715653 | 1,540 | $29,615 |
| 00074803013 | 209 | $3,237 |
| 00074803043 | 436 | $9,231 |
| 00074803053 | 240 | $6,874 |
| Total | 255,840 | $2,331,997 |

*Breakdown by Service Year and Quarter*

| Year | Quarter | # of Claims | Paid Amount |
|---|---|---|---|
| 1995 | 3 | 59 | $270 |
| 1995 | 4 | 198 | $711 |
| 1996 | 1 | 183 | $711 |
| 1996 | 2 | 2,831 | $25,889 |
| 1996 | 3 | 7,941 | $68,130 |
| 1996 | 4 | 13,903 | $126,637 |
| 1997 | 1 | 12,456 | $110,751 |
| 1997 | 2 | 8,884 | $77,566 |
| 1997 | 3 | 7,427 | $64,768 |
| 1997 | 4 | 10,444 | $95,069 |
| 1998 | 1 | 11,348 | $102,563 |
| 1998 | 2 | 8,010 | $71,709 |
| 1998 | 3 | 7,635 | $67,715 |
| 1998 | 4 | 10,532 | $93,996 |
| 1999 | 1 | 11,345 | $100,209 |
| 1999 | 2 | 7,787 | $67,264 |
| 1999 | 3 | 6,872 | $62,449 |
| 1999 | 4 | 9,262 | $83,316 |
| 2000 | 1 | 8,940 | $81,233 |
| 2000 | 2 | 6,928 | $65,644 |
| 2000 | 3 | 5,465 | $52,030 |
| 2000 | 4 | 7,702 | $74,313 |
| 2001 | 1 | 7,297 | $70,710 |
| 2001 | 2 | 5,426 | $52,345 |
| 2001 | 3 | 4,400 | $43,932 |
| 2001 | 4 | 5,703 | $57,192 |
| 2002 | 1 | 5,674 | $56,384 |
| 2002 | 2 | 4,317 | $43,717 |
| 2002 | 3 | 3,773 | $37,859 |
| 2002 | 4 | 4,542 | $45,818 |
| 2003 | 1 | 4,195 | $38,092 |
| 2003 | 2 | 3,598 | $32,851 |
| 2003 | 3 | 3,177 | $28,677 |
| 2003 | 4 | 4,023 | $36,036 |
| 2004 | 1 | 3,477 | $29,959 |
| 2004 | 2 | 3,082 | $26,731 |
| 2004 | 3 | 2,530 | $22,164 |
| 2004 | 4 | 3,187 | $27,635 |
| 2005 | 1 | 2,941 | $25,898 |
| 2005 | 2 | 2,568 | $22,768 |
| 2005 | 3 | 2,274 | $20,468 |
| 2005 | 4 | 2,573 | $22,633 |
| 2006 | 1 | 1,858 | $15,598 |
| 2006 | 2 | 1,425 | $12,626 |
| 2006 | 3 | 1,303 | $11,367 |
| 2006 | 4 | 1,516 | $13,277 |
| 2007 | 1 | 1,420 | $12,387 |
| 2007 | 2 | 1,271 | $11,894 |
| 2007 | 3 | 1,106 | $10,310 |
| 2007 | 4 | 1,032 | $9,725 |
| Total | | 255,840 | $2,331,997 |

**Table 22B: Massachusetts SDUD Medicaid Spending by NDC and Year-Quarter for 1994-1996**

*Breakdown by National Drug Code*

| NDC | # of Claims | Paid Amount |
|---|---|---|
| 00074258913 | 2,739 | $22,300 |
| 00074258953 | 59 | $402 |
| 00074374716 | 3,592 | $24,761 |
| 00074374816 | 1,636 | $15,366 |
| 00074572911 | 1 | $7 |
| 00074572913 | 1,115 | $9,813 |
| 00074572953 | 112 | $1,022 |
| 00074622713 | 5,981 | $50,607 |
| 00074630113 | 4,416 | $45,318 |
| 00074630153 | 382 | $3,870 |
| 00074630411 | 9 | $30 |
| 00074630413 | 5,761 | $43,655 |
| 00074630430 | 1 | $7 |
| 00074630440 | 1 | $7 |
| 00074630453 | 2,754 | $21,379 |
| 00074630613 | 12 | $84 |
| 00074630616 | 897 | $6,517 |
| 00074631613 | 2,217 | $18,835 |
| 00074632011 | 41 | $434 |
| 00074632013 | 32,117 | $338,992 |
| 00074632053 | 8,049 | $85,157 |
| 00074632111 | 7 | $83 |
| 00074632113 | 1,543 | $17,014 |
| 00074632611 | 3 | $15 |
| 00074632613 | 9,624 | $63,357 |
| 00074632653 | 3,194 | $21,794 |
| 00074634620 | 448 | $3,176 |
| 00074634638 | 6 | $39 |
| 00074634653 | 3,164 | $23,921 |
| 00074636902 | 30 | $369 |
| 00074636910 | 76 | $1,225 |
| 00074637313 | 10 | $102 |
| 00074637316 | 424 | $4,222 |
| 00074715613 | 108 | $1,505 |
| 00074715643 | 115 | $2,175 |
| 00074715653 | 66 | $1,550 |
| 00074803013 | 783 | $13,005 |
| 00074803043 | 1,353 | $30,346 |
| 00074803053 | 1,307 | $36,667 |
| Total | 94,153 | $909,130 |

*Breakdown by Service Year and Quarter*

| Year | Quarter | # of Claims | Paid Amount |
|---|---|---|---|
| 1994 | 1 | 12,451 | $129,430 |
| 1994 | 2 | 9,998 | $103,160 |
| 1994 | 3 | 9,705 | $101,023 |
| 1994 | 4 | 11,071 | $116,445 |
| 1995 | 2 | 10,367 | $106,567 |
| 1995 | 3 | 11,832 | $101,909 |
| 1995 | 4 | 7,820 | $61,520 |
| 1996 | 1 | 11,221 | $103,286 |
| 1996 | 2 | 9,688 | $85,789 |
| Total | | 94,153 | $909,130 |

**Table 22C: Massachusetts SDUD Medicaid Spending by NDC and Year-Quarter for 2008**

*Breakdown by National Drug Code*

| NDC | # of Claims | Paid Amount |
|---|---|---|
| 00074258913 | 53 | $458 |
| 00074374716 | 130 | $1,132 |
| 00074374816 | 33 | $334 |
| 00074572913 | 2 | $16 |
| 00074622713 | 196 | $1,735 |
| 00074630113 | 12 | $133 |
| 00074630413 | 49 | $541 |
| 00074630453 | 13 | $129 |
| 00074630613 | 1 | $4 |
| 00074631613 | 31 | $298 |
| 00074632013 | 357 | $4,081 |
| 00074632053 | 33 | $319 |
| 00074632113 | 33 | $424 |
| 00074632613 | 138 | $963 |
| 00074632653 | 12 | $86 |
| 00074634620 | 44 | $257 |
| Total | 1,137 | $10,912 |

*Breakdown by Service Year and Quarter*

| Year | Quarter | # of Claims | Paid Amount |
|---|---|---|---|
| 2008 | 1 | 1,137 | $10,912 |
| Total | | 1,137 | $10,912 |

**Table 23A: Breakdown of Louisiana Medicaid Spending by NDC and Year-Quarter for 1994-2007**

*Breakdown by National Drug Code*

| NDC | # of Claims | Paid Amount |
|---|---|---|
| 00074258913 | 15,020 | $157,442 |
| 00074258953 | 349 | $4,215 |
| 00074374716 | 29,035 | $280,475 |
| 00074374816 | 10,372 | $129,627 |
| 00074572911 | 45 | $515 |
| 00074572913 | 10,408 | $112,809 |
| 00074572919 | 3 | $36 |
| 00074572953 | 1,144 | $12,093 |
| 00074622713 | 6,549 | $72,418 |
| 00074630113 | 10,267 | $112,881 |
| 00074630153 | 745 | $8,259 |
| 00074630411 | 28 | $417 |
| 00074630413 | 6,922 | $79,842 |
| 00074630440 | 5 | $53 |
| 00074630453 | 1,256 | $15,614 |
| 00074630613 | 586 | $6,142 |
| 00074630616 | 3,555 | $33,020 |
| 00074631613 | 17,651 | $188,560 |
| 00074632011 | 18 | $259 |
| 00074632013 | 36,839 | $468,470 |
| 00074632030 | 37 | $495 |
| 00074632053 | 6,968 | $89,539 |
| 00074632111 | 8 | $107 |
| 00074632113 | 4,122 | $54,348 |
| 00074632611 | 29 | $304 |
| 00074632613 | 3,054 | $27,833 |
| 00074632653 | 171 | $1,523 |
| 00074634619 | 14 | $125 |
| 00074634620 | 8,274 | $77,112 |
| 00074634638 | 51 | $314 |
| 00074634641 | 8 | $73 |
| 00074634653 | 4,700 | $40,791 |
| 00074636902 | 208 | $3,053 |
| 00074636910 | 73 | $1,253 |
| 00074637313 | 188 | $2,527 |
| 00074637316 | 1,154 | $13,800 |
| 00074715613 | 14,147 | $206,102 |
| 00074715643 | 15,566 | $272,816 |
| 00074715653 | 10,976 | $218,952 |
| 00074803013 | 1,225 | $19,195 |
| 00074803043 | 887 | $18,236 |
| 00074803053 | 660 | $15,494 |
| Total | 223,317 | $2,747,137 |

*Breakdown by Service Year and Quarter*

| Year | Quarter | # of Claims | Paid Amount |
|---|---|---|---|
| 1994 | 1 | 12 | $128 |
| 1994 | 2 | 23 | $185 |
| 1994 | 3 | 77 | $663 |
| 1994 | 4 | 1,346 | $14,298 |
| 1995 | 1 | 7,676 | $83,027 |
| 1995 | 2 | 4,730 | $50,224 |
| 1995 | 3 | 4,412 | $45,676 |
| 1995 | 4 | 6,151 | $65,386 |
| 1996 | 1 | 7,007 | $76,013 |
| 1996 | 2 | 4,666 | $51,254 |
| 1996 | 3 | 4,216 | $47,103 |
| 1996 | 4 | 6,999 | $87,232 |
| 1997 | 1 | 7,915 | $97,276 |
| 1997 | 2 | 5,485 | $67,453 |
| 1997 | 3 | 5,053 | $60,529 |
| 1997 | 4 | 8,361 | $105,229 |
| 1998 | 1 | 8,044 | $100,627 |
| 1998 | 2 | 5,091 | $62,558 |
| 1998 | 3 | 4,418 | $53,258 |
| 1998 | 4 | 5,198 | $62,300 |
| 1999 | 1 | 5,883 | $69,994 |
| 1999 | 2 | 3,625 | $41,727 |
| 1999 | 3 | 3,652 | $43,242 |
| 1999 | 4 | 5,325 | $64,997 |
| 2000 | 1 | 4,798 | $57,585 |
| 2000 | 2 | 3,361 | $40,009 |
| 2000 | 3 | 3,076 | $36,502 |
| 2000 | 4 | 4,789 | $61,013 |
| 2001 | 1 | 5,358 | $70,188 |
| 2001 | 2 | 3,491 | $45,243 |
| 2001 | 3 | 3,483 | $44,515 |
| 2001 | 4 | 4,149 | $54,183 |
| 2002 | 1 | 16 | $207 |
| 2002 | 2 | 356 | $4,664 |
| 2002 | 3 | 3,863 | $51,176 |
| 2002 | 4 | 5,339 | $72,220 |
| 2003 | 1 | 5,695 | $77,134 |
| 2003 | 2 | 3,730 | $48,917 |
| 2003 | 3 | 3,557 | $47,427 |
| 2003 | 4 | 5,160 | $69,282 |
| 2004 | 1 | 4,535 | $61,616 |
| 2004 | 2 | 3,519 | $45,388 |
| 2004 | 3 | 3,385 | $42,896 |
| 2004 | 4 | 3,914 | $50,558 |
| 2005 | 1 | 4,886 | $63,526 |
| 2005 | 2 | 3,279 | $42,830 |
| 2005 | 3 | 2,986 | $38,455 |
| 2005 | 4 | 3,424 | $45,689 |
| 2006 | 1 | 3,225 | $43,563 |
| 2006 | 2 | 2,442 | $31,913 |
| 2006 | 3 | 2,243 | $28,697 |
| 2006 | 4 | 2,801 | $35,314 |
| 2007 | 1 | 2,527 | $31,403 |
| 2007 | 2 | 2,018 | $23,980 |
| 2007 | 3 | 1,956 | $23,559 |
| 2007 | 4 | 591 | $7,106 |
| Total | | 223,317 | $2,747,137 |

**Table 23B: Louisiana SMRF-MAX Medicaid Spending by NDC and Year-Quarter for 2002Q1-Q2**

| 2002Q1 | | | 2002Q2 | | |
|---|---|---|---|---|---|
| **NDC** | **# of Claims** | **Paid Amount** | **NDC** | **# of Claims** | **Paid Amount** |
| 00074258913 | 230 | $2,389 | 00074258913 | 189 | $1,976 |
| 00074258953 | 11 | $139 | 00074258953 | 9 | $121 |
| 00074374716 | 767 | $7,517 | 00074374716 | 573 | $5,829 |
| 00074374816 | 230 | $3,068 | 00074374816 | 220 | $2,825 |
| 00074572911 | 4 | $43 | 00074572911 | 2 | $26 |
| 00074572913 | 120 | $1,442 | 00074572913 | 106 | $1,238 |
| 00074572953 | 5 | $59 | 00074572953 | 10 | $105 |
| 00074622713 | 136 | $1,607 | 00074622713 | 116 | $1,367 |
| 00074630113 | 280 | $3,003 | 00074630113 | 189 | $2,147 |
| 00074630153 | 7 | $64 | 00074630153 | 1 | $10 |
| 00074630411 | 5 | $56 | 00074630411 | 3 | $51 |
| 00074630413 | 167 | $2,018 | 00074630413 | 126 | $1,525 |
| 00074630453 | 24 | $334 | 00074630453 | 36 | $510 |
| 00074630613 | 3 | $31 | 00074630613 | 5 | $46 |
| 00074630616 | 21 | $230 | 00074630616 | 19 | $187 |
| 00074631613 | 323 | $3,708 | 00074631613 | 305 | $3,492 |
| 00074632013 | 862 | $11,337 | 00074632013 | 652 | $8,862 |
| 00074632053 | 178 | $2,437 | 00074632053 | 137 | $1,865 |
| 00074632113 | 127 | $1,651 | 00074632113 | 114 | $1,575 |
| 00074632613 | 66 | $641 | 00074632613 | 62 | $632 |
| 00074632653 | 4 | $43 | 00074632653 | 3 | $27 |
| 00074634620 | 160 | $1,455 | 00074634620 | 148 | $1,370 |
| 00074634653 | 41 | $382 | 00074634653 | 21 | $200 |
| 00074636902 | 4 | $52 | 00074636902 | 3 | $46 |
| 00074637313 | 1 | $17 | 00074637313 | 2 | $34 |
| 00074637316 | 4 | $62 | 00074637316 | 9 | $119 |
| 00074715613 | 523 | $7,854 | 00074715613 | 294 | $4,525 |
| 00074715643 | 597 | $11,010 | 00074715643 | 392 | $7,234 |
| 00074715653 | 453 | $9,310 | 00074715653 | 245 | $5,206 |
| 00074803013 | 8 | $190 | 00074803013 | 2 | $44 |
| 00074803043 | 2 | $65 | 00074803043 | 1 | $43 |
| 00074803053 | 3 | $101 | 00074803053 | 5 | $172 |
| Total | 5,366 | $72,315 | Total | 3,999 | $53,409 |

**Table 23C: Louisiana SDUD Medicaid Spending by NDC and Year-Quarter for 1994**

1994Q1 - 1994Q4

| NDC | # of Claims | Paid Amount |
|---|---|---|
| 00074258913 | 1,092 | $9,621 |
| 00074374716 | 1,815 | $15,840 |
| 00074374816 | 557 | $6,513 |
| 00074572913 | 3,127 | $34,154 |
| 00074572919 | 56 | $580 |
| 00074572953 | 313 | $3,124 |
| 00074622713 | 378 | $4,074 |
| 00074630113 | 1,940 | $21,349 |
| 00074630153 | 282 | $3,155 |
| 00074630411 | 2 | $16 |
| 00074630413 | 625 | $5,647 |
| 00074630453 | 99 | $937 |
| 00074630613 | 149 | $1,481 |
| 00074630616 | 2,727 | $23,322 |
| 00074631613 | 2,092 | $21,790 |
| 00074632011 | 2 | $23 |
| 00074632013 | 4,597 | $52,858 |
| 00074632053 | 379 | $4,540 |
| 00074632113 | 145 | $1,820 |
| 00074632611 | 4 | $34 |
| 00074632613 | 286 | $2,565 |
| 00074632653 | 20 | $155 |
| 00074634620 | 992 | $8,466 |
| 00074634653 | 880 | $7,047 |
| 00074636902 | 41 | $565 |
| 00074636910 | 15 | $213 |
| 00074637313 | 58 | $562 |
| 00074637316 | 773 | $8,595 |
| 00074803013 | 577 | $8,286 |
| 00074803043 | 364 | $6,946 |
| 00074803053 | 297 | $6,616 |
| Total | 24,684 | $260,895 |

2007Q4 - 2008Q1

| NDC | # of Claims | Paid Amount |
|---|---|---|
| 00074258913 | 363 | $4,133 |
| 00074374716 | 1,356 | $14,783 |
| 00074374816 | 250 | $3,635 |
| 00074572913 | 171 | $1,904 |
| 00074572953 | 13 | $195 |
| 00074622713 | 302 | $3,365 |
| 00074630113 | 139 | $1,705 |
| 00074630153 | 4 | $43 |
| 00074630413 | 127 | $1,667 |
| 00074630453 | 10 | $108 |
| 00074630613 | 26 | $281 |
| 00074630616 | 177 | $1,873 |
| 00074631613 | 262 | $3,030 |
| 00074632013 | 565 | $8,081 |
| 00074632053 | 64 | $894 |
| 00074632113 | 104 | $1,378 |
| 00074632613 | 112 | $1,069 |
| 00074634620 | 302 | $2,686 |
| 00074634653 | 89 | $747 |
| 00074636902 | 7 | $112 |
| 00074637313 | 10 | $128 |
| 00074637316 | 27 | $268 |
| 00074715613 | 17 | $278 |
| 00074715643 | 5 | $100 |
| 00074715653 | 15 | $373 |
| 00074803013 | 1 | $21 |
| Total | 4,518 | $52,856 |

| Quarter | # of Claims | Paid Amount |
|---|---|---|
| 1994Q1 | 7,962 | $83,772 |
| 1994Q2 | 5,731 | $60,141 |
| 1994Q3 | 4,898 | $52,334 |
| 1994Q4 | 6,093 | $64,647 |
| Total | 24,684 | $260,895 |

| Quarter | # of Claims | Paid Amount |
|---|---|---|
| 2007Q4 | 2,174 | $25,554 |
| 2008Q1 | 2,344 | $27,302 |
| Total | 4,518 | $52,856 |

**Table 24A: Breakdown of Michigan Medicaid Spending by NDC and Year-Quarter for 2000-2007**

*Breakdown by National Drug Code*

| NDC | # of Claims | Paid Amount |
|---|---|---|
| 00074258913 | 7,047 | $55,020 |
| 00074258953 | 335 | $2,695 |
| 00074374716 | 6,915 | $54,184 |
| 00074374816 | 3,470 | $39,283 |
| 00074572911 | 16 | $158 |
| 00074572913 | 1,111 | $8,754 |
| 00074572953 | 70 | $477 |
| 00074622713 | 5,385 | $42,386 |
| 00074630113 | 2,579 | $22,852 |
| 00074630153 | 427 | $3,740 |
| 00074630411 | 30 | $235 |
| 00074630413 | 4,375 | $36,547 |
| 00074630430 | 1 | $5 |
| 00074630440 | 4 | $42 |
| 00074630453 | 1,864 | $15,146 |
| 00074630613 | 49 | $388 |
| 00074630616 | 347 | $3,050 |
| 00074631613 | 6,318 | $49,498 |
| 00074632011 | 42 | $274 |
| 00074632013 | 13,009 | $108,560 |
| 00074632030 | 13 | $95 |
| 00074632053 | 5,591 | $44,670 |
| 00074632111 | 8 | $69 |
| 00074632113 | 5,919 | $60,364 |
| 00074632611 | 23 | $139 |
| 00074632613 | 2,073 | $10,075 |
| 00074632653 | 227 | $1,182 |
| 00074634619 | 4 | $23 |
| 00074634620 | 2,908 | $18,481 |
| 00074634638 | 1 | $6 |
| 00074634653 | 367 | $2,286 |
| 00074636902 | 19 | $244 |
| 00074636910 | 18 | $307 |
| 00074637313 | 13 | $95 |
| 00074637316 | 127 | $2,422 |
| 00074715613 | 547 | $6,309 |
| 00074715643 | 656 | $9,421 |
| 00074715653 | 555 | $8,548 |
| 00074803013 | 5 | $53 |
| 00074803043 | 4 | $86 |
| 00074803053 | 1 | $34 |
| Total | 72,473 | $608,204 |

*Breakdown by Service Year and Quarter*

| Year | Quarter | # of Claims | Paid Amount |
|---|---|---|---|
| 2000 | 1 | 3 | $14 |
| 2000 | 2 | 9 | $80 |
| 2000 | 3 | 21 | $162 |
| 2000 | 4 | 2,656 | $23,983 |
| 2001 | 1 | 3,168 | $28,530 |
| 2001 | 2 | 2,234 | $19,809 |
| 2001 | 3 | 2,098 | $17,825 |
| 2001 | 4 | 3,072 | $24,840 |
| 2002 | 1 | 2,661 | $21,394 |
| 2002 | 2 | 1,819 | $14,641 |
| 2002 | 3 | 2,052 | $15,962 |
| 2002 | 4 | 2,731 | $21,271 |
| 2003 | 1 | 3,053 | $23,260 |
| 2003 | 2 | 2,647 | $20,199 |
| 2003 | 3 | 2,545 | $19,982 |
| 2003 | 4 | 3,914 | $31,564 |
| 2004 | 1 | 3,539 | $31,655 |
| 2004 | 2 | 3,007 | $26,927 |
| 2004 | 3 | 2,756 | $25,374 |
| 2004 | 4 | 3,791 | $33,945 |
| 2005 | 1 | 4,518 | $36,573 |
| 2005 | 2 | 3,275 | $26,646 |
| 2005 | 3 | 2,736 | $22,477 |
| 2005 | 4 | 3,578 | $28,957 |
| 2006 | 1 | 2,204 | $19,507 |
| 2006 | 2 | 1,549 | $13,486 |
| 2006 | 3 | 1,475 | $12,466 |
| 2006 | 4 | 2,059 | $17,767 |
| 2007 | 1 | 2,206 | $19,361 |
| 2007 | 2 | 1,097 | $9,547 |
| Total | | 72,473 | $608,204 |

**Table 24B: Michigan SMRF-MAX Medicaid Spending by NDC and Year-Quarter for 1994-2000**

*Breakdown by National Drug Code*

| NDC | # of Claims | Paid Amount |
|---|---|---|
| 00074258913 | 15,030 | $112,835 |
| 00074258953 | 3,521 | $24,083 |
| 00074374716 | 16,612 | $107,660 |
| 00074374816 | 6,420 | $56,220 |
| 00074572911 | 298 | $2,320 |
| 00074572913 | 6,471 | $48,485 |
| 00074572919 | 23 | $174 |
| 00074572953 | 2,034 | $15,163 |
| 00074622713 | 6,537 | $57,915 |
| 00074630113 | 7,949 | $75,545 |
| 00074630153 | 9,718 | $80,606 |
| 00074630411 | 262 | $1,852 |
| 00074630413 | 15,569 | $116,741 |
| 00074630430 | 20 | $133 |
| 00074630440 | 7 | $44 |
| 00074630453 | 7,783 | $57,745 |
| 00074630613 | 84 | $598 |
| 00074630616 | 4,699 | $31,079 |
| 00074631613 | 15,257 | $108,290 |
| 00074632011 | 704 | $5,453 |
| 00074632013 | 49,777 | $375,044 |
| 00074632030 | 19 | $118 |
| 00074632053 | 19,127 | $148,931 |
| 00074632111 | 154 | $1,628 |
| 00074632113 | 8,712 | $84,372 |
| 00074632611 | 138 | $827 |
| 00074632613 | 3,821 | $22,911 |
| 00074632653 | 1,304 | $7,609 |
| 00074634619 | 58 | $302 |
| 00074634620 | 5,945 | $36,538 |
| 00074634638 | 47 | $280 |
| 00074634641 | 9 | $54 |
| 00074634653 | 7,906 | $45,310 |
| 00074636902 | 35 | $300 |
| 00074636910 | 59 | $549 |
| 00074637313 | 17 | $168 |
| 00074637316 | 2,130 | $18,809 |
| 00074715613 | 1,912 | $24,510 |
| 00074715643 | 2,095 | $37,010 |
| 00074715653 | 1,503 | $29,929 |
| 00074803013 | 943 | $10,528 |
| 00074803043 | 663 | $10,398 |
| 00074803053 | 788 | $13,308 |
| Total | 226,160 | $1,772,374 |

*Breakdown by Service Year and Quarter*

| Year | Quarter | # of Claims | Paid Amount |
|---|---|---|---|
| 1994 | 1 | 17,032 | $130,947 |
| 1994 | 2 | 13,525 | $104,065 |
| 1994 | 3 | 12,394 | $94,195 |
| 1994 | 4 | 15,809 | $117,267 |
| 1995 | 1 | 18,414 | $132,927 |
| 1995 | 2 | 12,853 | $90,360 |
| 1995 | 3 | 11,125 | $82,045 |
| 1995 | 4 | 14,101 | $112,895 |
| 1996 | 1 | 15,102 | $125,323 |
| 1996 | 2 | 11,355 | $96,885 |
| 1996 | 3 | 9,251 | $79,860 |
| 1996 | 4 | 12,442 | $106,202 |
| 1997 | 1 | 9,108 | $75,695 |
| 1997 | 2 | 7,180 | $57,427 |
| 1997 | 3 | 6,136 | $47,729 |
| 1997 | 4 | 6,777 | $53,797 |
| 1998 | 1 | 6,923 | $56,598 |
| 1998 | 2 | 4,023 | $32,482 |
| 1998 | 3 | 3,430 | $26,598 |
| 1998 | 4 | 3,631 | $28,714 |
| 1999 | 1 | 3,314 | $25,666 |
| 1999 | 2 | 2,042 | $15,013 |
| 1999 | 3 | 1,702 | $12,497 |
| 1999 | 4 | 2,377 | $17,721 |
| 2000 | 1 | 2,333 | $17,338 |
| 2000 | 2 | 1,880 | $15,464 |
| 2000 | 3 | 1,901 | $16,664 |
| Total | | 226,160 | $1,772,374 |

**Table 24C: Michigan SDUD Medicaid Spending by NDC and Year-Quarter for 2007-2008**

*Breakdown by National Drug Code*

| NDC | # of Claims | Paid Amount |
|---|---|---|
| 00074258913 | 411 | $3,497 |
| 00074258953 | 13 | $113 |
| 00074374716 | 766 | $5,930 |
| 00074374816 | 371 | $4,384 |
| 00074572913 | 63 | $560 |
| 00074622713 | 379 | $2,398 |
| 00074630113 | 149 | $1,100 |
| 00074630153 | 2 | $17 |
| 00074630413 | 123 | $1,145 |
| 00074630453 | 29 | $234 |
| 00074630613 | 1 | $7 |
| 00074630616 | 27 | $252 |
| 00074631613 | 274 | $1,908 |
| 00074632013 | 597 | $5,681 |
| 00074632053 | 122 | $1,073 |
| 00074632113 | 253 | $2,833 |
| 00074632613 | 105 | $545 |
| 00074634620 | 166 | $851 |
| 00074634653 | 11 | $50 |
| 00074636902 | 3 | $37 |
| 00074636910 | 8 | $113 |
| 00074637313 | 3 | $28 |
| 00074637316 | 20 | $221 |
| 00074715613 | 2 | $38 |
| 00074715653 | 1 | $5 |
| Total | 3,899 | $33,020 |

*Breakdown by Service Year and Quarter*

| Year | Quarter | # of Claims | Paid Amount |
|---|---|---|---|
| 2007 | 3 | 1,011 | $8,834 |
| 2007 | 4 | 1,415 | $11,867 |
| 2008 | 1 | 1,473 | $12,320 |
| Total | | 3,899 | $33,020 |

**Table 25A: Breakdown of Virginia Medicaid Spending by NDC and Year-Quarter for 1998-2006**

*Breakdown by National Drug Code*

| NDC | # of Claims | Paid Amount |
|---|---|---|
| 00074258913 | 2,870 | $31,067 |
| 00074258953 | 40 | $430 |
| 00074374716 | 4,894 | $49,868 |
| 00074374816 | 1,963 | $26,596 |
| 00074572911 | 51 | $432 |
| 00074572913 | 513 | $5,100 |
| 00074572919 | 9 | $84 |
| 00074572953 | 51 | $456 |
| 00074622713 | 2,522 | $23,705 |
| 00074630113 | 1,649 | $20,715 |
| 00074630153 | 77 | $748 |
| 00074630411 | 46 | $420 |
| 00074630413 | 2,401 | $30,021 |
| 00074630440 | 2 | $31 |
| 00074630453 | 763 | $7,369 |
| 00074630613 | 5 | $45 |
| 00074630616 | 109 | $1,084 |
| 00074631613 | 2,617 | $26,084 |
| 00074632011 | 51 | $605 |
| 00074632013 | 7,686 | $100,352 |
| 00074632030 | 14 | $185 |
| 00074632053 | 1,874 | $24,800 |
| 00074632111 | 20 | $220 |
| 00074632113 | 1,300 | $15,972 |
| 00074632611 | 75 | $1,143 |
| 00074632613 | 1,971 | $17,913 |
| 00074632653 | 71 | $526 |
| 00074634619 | 37 | $284 |
| 00074634620 | 1,985 | $16,888 |
| 00074634638 | 36 | $376 |
| 00074634641 | 1 | $9 |
| 00074634653 | 381 | $3,731 |
| 00074636902 | 7 | $117 |
| 00074636910 | 19 | $335 |
| 00074637313 | 4 | $45 |
| 00074637316 | 30 | $450 |
| 00074715613 | 271 | $4,087 |
| 00074715643 | 346 | $6,742 |
| 00074715653 | 211 | $3,967 |
| 00074803013 | 6 | $127 |
| 00074803043 | 7 | $155 |
| 00074803053 | 26 | $1,126 |
| Total | 37,011 | $424,412 |

*Breakdown by Service Year and Quarter*

| Year | Quarter | # of Claims | Paid Amount |
|---|---|---|---|
| 1998 | 3 | 2 | $11 |
| 1998 | 4 | 1 | $6 |
| 1999 | 2 | 1 | $6 |
| 1999 | 3 | 2 | $11 |
| 1999 | 4 | 5 | $35 |
| 2000 | 1 | 5 | $37 |
| 2000 | 2 | 187 | $1,984 |
| 2000 | 3 | 1,760 | $19,185 |
| 2000 | 4 | 2,145 | $23,817 |
| 2001 | 1 | 2,305 | $27,033 |
| 2001 | 2 | 1,699 | $19,689 |
| 2001 | 3 | 1,351 | $15,960 |
| 2001 | 4 | 1,892 | $22,466 |
| 2002 | 1 | 1,709 | $19,453 |
| 2002 | 2 | 1,097 | $12,973 |
| 2002 | 3 | 1,169 | $13,183 |
| 2002 | 4 | 1,506 | $16,974 |
| 2003 | 1 | 1,531 | $17,440 |
| 2003 | 2 | 1,298 | $14,900 |
| 2003 | 3 | 1,228 | $15,025 |
| 2003 | 4 | 1,601 | $18,799 |
| 2004 | 1 | 1,544 | $18,032 |
| 2004 | 2 | 1,358 | $15,825 |
| 2004 | 3 | 1,236 | $14,003 |
| 2004 | 4 | 1,537 | $17,249 |
| 2005 | 1 | 1,640 | $18,596 |
| 2005 | 2 | 1,332 | $14,740 |
| 2005 | 3 | 1,314 | $15,264 |
| 2005 | 4 | 1,432 | $16,538 |
| 2006 | 1 | 981 | $11,443 |
| 2006 | 2 | 737 | $8,127 |
| 2006 | 3 | 690 | $7,744 |
| 2006 | 4 | 716 | $7,861 |
| Total | | 37,011 | $424,412 |

**Table 25B: Virginia SMRF-MAX Medicaid Spending by NDC and Year-Quarter for 1999-2000**

*Breakdown by National Drug Code*

| NDC | # of Claims | Paid Amount |
|---|---|---|
| 00074258913 | 1,489 | $11,883 |
| 00074258953 | 22 | $198 |
| 00074374716 | 2,251 | $11,277 |
| 00074374816 | 1,020 | $6,798 |
| 00074572911 | 52 | $468 |
| 00074572913 | 321 | $2,909 |
| 00074572919 | 6 | $53 |
| 00074572953 | 19 | $175 |
| 00074622713 | 755 | $5,556 |
| 00074630113 | 615 | $3,402 |
| 00074630153 | 34 | $277 |
| 00074630411 | 89 | $686 |
| 00074630413 | 1,307 | $10,587 |
| 00074630430 | 1 | $10 |
| 00074630453 | 594 | $4,351 |
| 00074630613 | 5 | $35 |
| 00074630616 | 83 | $382 |
| 00074631613 | 1,131 | $9,545 |
| 00074632011 | 60 | $776 |
| 00074632013 | 4,341 | $40,176 |
| 00074632030 | 5 | $46 |
| 00074632053 | 1,356 | $13,583 |
| 00074632111 | 10 | $101 |
| 00074632113 | 840 | $7,490 |
| 00074632611 | 12 | $152 |
| 00074632613 | 718 | $5,023 |
| 00074632653 | 102 | $612 |
| 00074634619 | 3 | $21 |
| 00074634620 | 891 | $5,871 |
| 00074634638 | 14 | $132 |
| 00074634641 | 11 | $65 |
| 00074634653 | 251 | $1,684 |
| 00074636902 | 5 | $69 |
| 00074636910 | 7 | $98 |
| 00074637313 | 6 | $80 |
| 00074637316 | 30 | $198 |
| 00074715613 | 541 | $2,823 |
| 00074715643 | 809 | $5,156 |
| 00074715653 | 386 | $2,537 |
| 00074803013 | 24 | $360 |
| 00074803043 | 14 | $286 |
| 00074803053 | 39 | $997 |
| Total | 20,269 | $156,928 |

*Breakdown by Service Year and Quarter*

| Year | Quarter | # of Claims | Paid Amount |
|---|---|---|---|
| 1999 | 1 | 5,253 | $41,857 |
| 1999 | 2 | 3,045 | $22,112 |
| 1999 | 3 | 2,784 | $20,698 |
| 1999 | 4 | 3,566 | $26,765 |
| 2000 | 1 | 3,326 | $26,398 |
| 2000 | 2 | 2,295 | $19,098 |
| Total | | 20,269 | $156,928 |

**Table 25C: Virginia SDUD Medicaid Spending by NDC and Year-Quarter for 1994-1998**

*Breakdown by National Drug Code*

| NDC | # of Claims | Paid Amount |
|---|---|---|
| 00074258913 | 5,690 | $48,059 |
| 00074258953 | 58 | $551 |
| 00074374716 | 8,674 | $62,744 |
| 00074374816 | 3,400 | $32,052 |
| 00074572911 | 36 | $352 |
| 00074572913 | 4,656 | $38,607 |
| 00074572919 | 63 | $598 |
| 00074572953 | 384 | $3,640 |
| 00074622713 | 3,094 | $29,279 |
| 00074630113 | 7,991 | $81,731 |
| 00074630153 | 497 | $5,488 |
| 00074630411 | 125 | $1,178 |
| 00074630413 | 8,111 | $69,117 |
| 00074630430 | 10 | $115 |
| 00074630440 | 3 | $22 |
| 00074630453 | 1,576 | $16,158 |
| 00074630613 | 101 | $895 |
| 00074630616 | 2,030 | $15,728 |
| 00074631613 | 5,840 | $53,995 |
| 00074632011 | 51 | $577 |
| 00074632013 | 27,769 | $273,519 |
| 00074632030 | 1 | $9 |
| 00074632053 | 2,976 | $33,524 |
| 00074632111 | 22 | $170 |
| 00074632113 | 2,099 | $20,575 |
| 00074632611 | 197 | $1,651 |
| 00074632613 | 4,750 | $37,087 |
| 00074632653 | 474 | $3,419 |
| 00074634619 | 11 | $67 |
| 00074634620 | 3,292 | $25,053 |
| 00074634638 | 91 | $636 |
| 00074634641 | 7 | $50 |
| 00074634653 | 5,878 | $39,642 |
| 00074636902 | 36 | $437 |
| 00074636910 | 41 | $639 |
| 00074637313 | 127 | $1,704 |
| 00074637316 | 853 | $9,028 |
| 00074715613 | 2,533 | $37,571 |
| 00074715643 | 2,802 | $56,567 |
| 00074715653 | 1,807 | $40,397 |
| 00074803013 | 903 | $23,584 |
| 00074803043 | 1,000 | $21,394 |
| 00074803053 | 1,113 | $26,865 |
| Total | 111,172 | $1,114,474 |

*Breakdown by Service Year and Quarter*

| Year | Quarter | # of Claims | Paid Amount |
|---|---|---|---|
| 1994 | 1 | 7,664 | $70,692 |
| 1994 | 2 | 6,736 | $62,146 |
| 1994 | 3 | 5,868 | $53,427 |
| 1994 | 4 | 7,372 | $78,283 |
| 1995 | 1 | 9,455 | $88,473 |
| 1995 | 2 | 5,777 | $53,134 |
| 1995 | 3 | 4,187 | $39,178 |
| 1995 | 4 | 7,984 | $91,670 |
| 1996 | 1 | 7,496 | $89,880 |
| 1996 | 2 | 6,106 | $68,107 |
| 1996 | 3 | 4,222 | $44,277 |
| 1996 | 4 | 6,424 | $64,663 |
| 1997 | 1 | 6,374 | $60,373 |
| 1997 | 2 | 4,303 | $39,585 |
| 1997 | 3 | 3,011 | $28,868 |
| 1997 | 4 | 4,172 | $41,036 |
| 1998 | 1 | 4,755 | $46,593 |
| 1998 | 2 | 3,142 | $30,925 |
| 1998 | 3 | 2,676 | $27,223 |
| 1998 | 4 | 3,448 | $35,942 |
| Total | | 111,172 | $1,114,474 |

**Table 25D: Virginia SDUD Medicaid Spending by NDC and Year-Quarter for 2007-2008**

*Breakdown by National Drug Code*

| NDC | # of Claims | Paid Amount |
|---|---|---|
| 00074258913 | 222 | $2,419 |
| 00074258953 | 1 | $9 |
| 00074374716 | 1,344 | $13,782 |
| 00074374816 | 197 | $2,884 |
| 00074572913 | 55 | $508 |
| 00074622713 | 344 | $3,481 |
| 00074630113 | 87 | $1,086 |
| 00074630153 | 1 | $13 |
| 00074630413 | 9 | $127 |
| 00074630453 | 1 | $3 |
| 00074630613 | 1 | $4 |
| 00074630616 | 15 | $209 |
| 00074631613 | 217 | $2,251 |
| 00074632013 | 401 | $6,070 |
| 00074632053 | 53 | $748 |
| 00074632113 | 4 | $65 |
| 00074632613 | 199 | $1,975 |
| 00074632653 | 2 | $16 |
| 00074634620 | 210 | $1,680 |
| 00074634653 | 7 | $63 |
| 00074636902 | 2 | $32 |
| 00074636910 | 1 | $15 |
| 00074715613 | 2 | $42 |
| 00074715643 | 2 | $53 |
| 00074715653 | 5 | $126 |
| Total | 3,382 | $37,661 |

*Breakdown by Service Year and Quarter*

| Year | Quarter | # of Claims | Paid Amount |
|---|---|---|---|
| 2007 | 1 | 778 | $8,668 |
| 2007 | 2 | 665 | $7,394 |
| 2007 | 3 | 641 | $7,097 |
| 2007 | 4 | 685 | $7,632 |
| 2008 | 1 | 613 | $6,870 |
| Total | | 3,382 | $37,661 |

**Table 26A: Breakdown of Wisconsin Medicaid Spending by NDC and Year-Quarter for 1994-2005**

*Breakdown by National Drug Code*

| NDC | # of Claims | Paid Amount |
|---|---|---|
| 00074258913 | 5,996 | $55,962 |
| 00074258953 | 778 | $7,027 |
| 00074374716 | 3,510 | $28,681 |
| 00074374816 | 2,837 | $30,464 |
| 00074572911 | 567 | $5,795 |
| 00074572913 | 3,633 | $34,592 |
| 00074572919 | 16 | $125 |
| 00074572953 | 1,195 | $11,203 |
| 00074622713 | 3,623 | $32,639 |
| 00074630113 | 2,724 | $31,269 |
| 00074630153 | 530 | $6,116 |
| 00074630411 | 521 | $5,022 |
| 00074630413 | 7,246 | $66,102 |
| 00074630430 | 1 | $7 |
| 00074630440 | 12 | $95 |
| 00074630453 | 5,560 | $47,262 |
| 00074630613 | 42 | $350 |
| 00074630616 | 841 | $6,830 |
| 00074631613 | 6,189 | $50,654 |
| 00074632011 | 1,565 | $19,546 |
| 00074632013 | 31,503 | $334,305 |
| 00074632030 | 21 | $196 |
| 00074632053 | 15,637 | $167,562 |
| 00074632111 | 128 | $1,257 |
| 00074632113 | 5,340 | $55,401 |
| 00074632611 | 561 | $5,652 |
| 00074632613 | 4,709 | $41,412 |
| 00074632653 | 1,405 | $11,916 |
| 00074634619 | 57 | $430 |
| 00074634620 | 2,557 | $19,751 |
| 00074634638 | 421 | $3,646 |
| 00074634641 | 1 | $8 |
| 00074634653 | 5,436 | $37,464 |
| 00074636902 | 280 | $3,233 |
| 00074636910 | 78 | $1,166 |
| 00074637313 | 14 | $143 |
| 00074637316 | 501 | $5,466 |
| 00074715613 | 718 | $8,706 |
| 00074715643 | 1,110 | $17,724 |
| 00074715653 | 474 | $8,409 |
| 00074803013 | 905 | $12,634 |
| 00074803043 | 800 | $14,623 |
| 00074803053 | 654 | $13,437 |
| Total | 120,696 | $1,204,281 |

*Breakdown by Service Year and Quarter*

| Year | Quarter | # of Claims | Paid Amount |
|---|---|---|---|
| 1994 | 1 | 6,257 | $63,212 |
| 1994 | 2 | 4,816 | $48,008 |
| 1994 | 3 | 4,673 | $46,170 |
| 1994 | 4 | 5,772 | $57,469 |
| 1995 | 1 | 6,374 | $64,012 |
| 1995 | 2 | 4,749 | $47,122 |
| 1995 | 3 | 4,057 | $39,075 |
| 1995 | 4 | 5,512 | $54,459 |
| 1996 | 1 | 5,352 | $53,223 |
| 1996 | 2 | 4,251 | $41,901 |
| 1996 | 3 | 3,495 | $33,848 |
| 1996 | 4 | 4,488 | $44,416 |
| 1997 | 1 | 3,748 | $37,303 |
| 1997 | 2 | 2,809 | $27,111 |
| 1997 | 3 | 2,235 | $21,665 |
| 1997 | 4 | 2,609 | $26,105 |
| 1998 | 1 | 2,871 | $29,460 |
| 1998 | 2 | 1,816 | $18,332 |
| 1998 | 3 | 1,743 | $17,864 |
| 1998 | 4 | 2,126 | $21,846 |
| 1999 | 1 | 2,151 | $22,099 |
| 1999 | 2 | 1,429 | $14,443 |
| 1999 | 3 | 1,563 | $16,002 |
| 1999 | 4 | 1,912 | $19,593 |
| 2000 | 1 | 1,829 | $19,058 |
| 2000 | 2 | 1,658 | $17,909 |
| 2000 | 3 | 1,536 | $16,082 |
| 2000 | 4 | 1,629 | $14,886 |
| 2001 | 1 | 1,631 | $15,140 |
| 2001 | 2 | 1,349 | $12,393 |
| 2001 | 3 | 1,159 | $10,769 |
| 2001 | 4 | 1,541 | $14,127 |
| 2002 | 1 | 1,408 | $12,981 |
| 2002 | 2 | 1,178 | $10,903 |
| 2002 | 3 | 1,080 | $10,263 |
| 2002 | 4 | 1,251 | $11,735 |
| 2003 | 1 | 1,382 | $12,591 |
| 2003 | 2 | 1,309 | $12,406 |
| 2003 | 3 | 1,165 | $11,357 |
| 2003 | 4 | 1,424 | $12,936 |
| 2004 | 1 | 1,408 | $13,154 |
| 2004 | 2 | 1,376 | $13,574 |
| 2004 | 3 | 1,438 | $15,958 |
| 2004 | 4 | 1,615 | $18,479 |
| 2005 | 1 | 1,677 | $18,637 |
| 2005 | 2 | 1,381 | $15,760 |
| 2005 | 3 | 1,193 | $14,141 |
| 2005 | 4 | 1,271 | $14,301 |
| Total | | 120,696 | $1,204,281 |

**Table 26B: Wisconsin SDUD Medicaid Spending by NDC and Year-Quarter for 2006-2008**

*Breakdown by National Drug Code*

| NDC | # of Claims | Paid Amount |
|---|---|---|
| 00074258913 | 708 | $7,860 |
| 00074258953 | 9 | $92 |
| 00074374716 | 549 | $5,632 |
| 00074374816 | 338 | $4,510 |
| 00074572913 | 94 | $1,024 |
| 00074572953 | 1 | $26 |
| 00074622713 | 482 | $4,310 |
| 00074630113 | 178 | $2,049 |
| 00074630413 | 384 | $5,043 |
| 00074630453 | 164 | $2,225 |
| 00074630613 | 2 | $16 |
| 00074630616 | 15 | $122 |
| 00074631613 | 418 | $3,101 |
| 00074632013 | 1,345 | $15,490 |
| 00074632053 | 256 | $2,821 |
| 00074632113 | 400 | $5,546 |
| 00074632613 | 374 | $3,316 |
| 00074632653 | 60 | $448 |
| 00074634620 | 328 | $2,324 |
| 00074634653 | 3 | $6 |
| 00074636902 | 7 | $109 |
| 00074636910 | 2 | $33 |
| 00074637313 | 3 | $41 |
| 00074637316 | 23 | $268 |
| 00074715613 | 18 | $230 |
| 00074715643 | 10 | $125 |
| 00074715653 | 16 | $238 |
| Total | 6,187 | $67,004 |

*Breakdown by Service Year and Quarter*

| Year | Quarter | # of Claims | Paid Amount |
|---|---|---|---|
| 2006 | 1 | 871 | $9,779 |
| 2006 | 2 | 659 | $7,019 |
| 2006 | 3 | 576 | $6,158 |
| 2006 | 4 | 658 | $7,017 |
| 2007 | 1 | 672 | $7,306 |
| 2007 | 2 | 611 | $6,674 |
| 2007 | 3 | 553 | $6,003 |
| 2007 | 4 | 561 | $6,059 |
| 2008 | 1 | 1,026 | $10,989 |
| Total | | 6,187 | $67,004 |

**Table 27A: Breakdown of New Jersey Medicaid Spending by NDC and Year-Quarter for 1994-2006**

*Breakdown by National Drug Code*

| NDC | # of Claims | Paid Amount |
|---|---|---|
| 00074258913 | 5,215 | $51,917 |
| 00074258953 | 77 | $804 |
| 00074374716 | 8,041 | $62,441 |
| 00074374816 | 2,894 | $32,507 |
| 00074572911 | 81 | $400 |
| 00074572913 | 4,183 | $40,312 |
| 00074572919 | 9 | $86 |
| 00074572953 | 491 | $5,103 |
| 00074622713 | 13,435 | $129,502 |
| 00074630113 | 7,154 | $77,162 |
| 00074630153 | 503 | $5,282 |
| 00074630411 | 507 | $2,978 |
| 00074630413 | 6,835 | $73,409 |
| 00074630430 | 12 | $126 |
| 00074630440 | 9 | $87 |
| 00074630453 | 737 | $8,927 |
| 00074630613 | 199 | $1,915 |
| 00074630616 | 3,203 | $25,990 |
| 00074631613 | 9,038 | $87,365 |
| 00074632011 | 680 | $5,149 |
| 00074632013 | 20,109 | $244,397 |
| 00074632030 | 19 | $201 |
| 00074632053 | 1,979 | $24,374 |
| 00074632111 | 64 | $523 |
| 00074632113 | 2,224 | $30,181 |
| 00074632611 | 2,711 | $8,613 |
| 00074632613 | 13,614 | $105,970 |
| 00074632653 | 1,129 | $7,487 |
| 00074634619 | 69 | $537 |
| 00074634620 | 7,915 | $62,339 |
| 00074634638 | 1,319 | $2,480 |
| 00074634641 | 10 | $87 |
| 00074634653 | 2,361 | $18,287 |
| 00074636902 | 130 | $1,615 |
| 00074636910 | 115 | $1,928 |
| 00074637313 | 131 | $1,355 |
| 00074637316 | 1,052 | $12,502 |
| 00074715613 | 408 | $6,438 |
| 00074715643 | 549 | $11,048 |
| 00074715653 | 372 | $9,237 |
| 00074803013 | 828 | $16,161 |
| 00074803043 | 575 | $15,891 |
| 00074803053 | 937 | $31,354 |
| Total | 121,923 | $1,224,471 |

*Breakdown by Service Year and Quarter*

| Year | Quarter | # of Claims | Paid Amount |
|---|---|---|---|
| 1994 | 1 | 7,383 | $73,955 |
| 1994 | 2 | 6,268 | $64,248 |
| 1994 | 3 | 5,457 | $55,882 |
| 1994 | 4 | 7,848 | $80,591 |
| 1995 | 1 | 8,581 | $86,733 |
| 1995 | 2 | 5,844 | $58,542 |
| 1995 | 3 | 4,963 | $48,168 |
| 1995 | 4 | 7,045 | $72,961 |
| 1996 | 1 | 5,709 | $59,018 |
| 1996 | 2 | 4,255 | $42,813 |
| 1996 | 3 | 3,299 | $31,624 |
| 1996 | 4 | 3,956 | $38,807 |
| 1997 | 1 | 3,505 | $33,243 |
| 1997 | 2 | 2,559 | $23,884 |
| 1997 | 3 | 1,999 | $18,966 |
| 1997 | 4 | 2,454 | $23,754 |
| 1998 | 1 | 2,441 | $23,958 |
| 1998 | 2 | 1,659 | $16,385 |
| 1998 | 3 | 1,535 | $14,998 |
| 1998 | 4 | 1,884 | $17,976 |
| 1999 | 1 | 1,978 | $18,893 |
| 1999 | 2 | 1,414 | $13,686 |
| 1999 | 3 | 1,252 | $12,514 |
| 1999 | 4 | 1,618 | $15,728 |
| 2000 | 1 | 1,534 | $14,839 |
| 2000 | 2 | 1,289 | $12,859 |
| 2000 | 3 | 1,117 | $11,119 |
| 2000 | 4 | 1,408 | $14,297 |
| 2001 | 1 | 1,388 | $14,340 |
| 2001 | 2 | 1,019 | $10,805 |
| 2001 | 3 | 854 | $9,116 |
| 2001 | 4 | 977 | $10,231 |
| 2002 | 1 | 968 | $10,291 |
| 2002 | 2 | 737 | $7,873 |
| 2002 | 3 | 692 | $7,265 |
| 2002 | 4 | 832 | $8,622 |
| 2003 | 1 | 828 | $8,396 |
| 2003 | 2 | 803 | $8,244 |
| 2003 | 3 | 864 | $8,882 |
| 2003 | 4 | 1,231 | $12,509 |
| 2004 | 1 | 1,210 | $12,375 |
| 2004 | 2 | 1,011 | $10,371 |
| 2004 | 3 | 904 | $9,478 |
| 2004 | 4 | 1,086 | $10,924 |
| 2005 | 1 | 1,088 | $10,666 |
| 2005 | 2 | 976 | $10,004 |
| 2005 | 3 | 874 | $8,983 |
| 2005 | 4 | 1,015 | $10,573 |
| 2006 | 1 | 840 | $8,709 |
| 2006 | 2 | 487 | $5,180 |
| 2006 | 3 | 470 | $4,936 |
| 2006 | 4 | 515 | $5,260 |
| Total | | 121,923 | $1,224,471 |

**Table 27B: New Jersey SDUD Medicaid Spending by NDC and Year-Quarter for 2007-2008**

*Breakdown by National Drug Code*

| NDC | # of Claims | Paid Amount |
|---|---|---|
| 00074258913 | 134 | $1,477 |
| 00074258953 | 1 | $8 |
| 00074374716 | 438 | $4,293 |
| 00074374816 | 79 | $996 |
| 00074572913 | 41 | $442 |
| 00074572953 | 1 | $12 |
| 00074622713 | 380 | $3,653 |
| 00074630113 | 82 | $903 |
| 00074630153 | 1 | $10 |
| 00074630413 | 48 | $506 |
| 00074630453 | 6 | $69 |
| 00074630613 | 27 | $382 |
| 00074630616 | 29 | $379 |
| 00074631613 | 168 | $1,566 |
| 00074632013 | 174 | $2,590 |
| 00074632053 | 46 | $619 |
| 00074632113 | 73 | $1,095 |
| 00074632613 | 253 | $2,176 |
| 00074632653 | 18 | $141 |
| 00074634620 | 154 | $1,215 |
| 00074634653 | 11 | $79 |
| 00074636902 | 2 | $15 |
| 00074636910 | 2 | $37 |
| 00074637313 | 2 | $32 |
| 00074637316 | 2 | $29 |
| 00074715613 | 1 | $15 |
| 00074715643 | 2 | $41 |
| 00074715653 | 1 | $26 |
| Total | 2,176 | $22,805 |

*Breakdown by Service Year and Quarter*

| Year | Quarter | # of Claims | Paid Amount |
|---|---|---|---|
| 2007 | 1 | 566 | $5,801 |
| 2007 | 2 | 434 | $4,540 |
| 2007 | 3 | 345 | $3,758 |
| 2007 | 4 | 400 | $4,185 |
| 2008 | 1 | 431 | $4,521 |
| Total | | 2,176 | $22,805 |

**Table 28: Medicaid Summary for First Fifteen States**

| State | Source | Time Period | # Clms w/DIFF>0 | # Claims | Aggregate DIFF | Total MCD Paid | Federal DIFF | # Ph Payments |
|---|---|---|---|---|---|---|---|---|
| California | State Claims | 19942-20014 | 1,622,181 | 1,704,836 | $3,635,896 | $17,176,627 | $1,831,356 | 608,131 |
| California | SMRF-MAX | 19941-19941,20021-20024,20031-20044 | 233,851 | 663,590 | $961,010 | $3,438,089 | $496,715 | 148,883 |
| California | SDUD | 20054-20081 | 76,897 | 106,882 | $333,327 | $1,346,117 | $166,663 | - |
| California | MSIS | 20051-20053 | 51,651 | 155,990 | $263,550 | $830,360 | $131,775 | 32,035 |
| Texas | State Claims | 19954-20054 | 468,577 | 562,573 | $1,056,650 | $6,415,504 | $648,858 | 282,446 |
| Texas | SDUD | 19941-19953,20061-20081 | 73,414 | 195,273 | $104,940 | $1,961,765 | $66,551 | - |
| New York | State Claims | 19941-20072 | 479,826 | 769,401 | $1,689,289 | $8,277,464 | $848,022 | 341,352 |
| New York | SDUD | 20073-20081 | 7,424 | 13,815 | $15,493 | $122,794 | $7,746 | - |
| Illinois | State Claims | 19941-20063 | 404,454 | 546,372 | $1,305,685 | $5,575,740 | $652,613 | 293,800 |
| Illinois | SDUD | 20064-20081 | 17,980 | 26,040 | $20,837 | $245,740 | $10,419 | - |
| Florida | State Claims | 19941-20054 | 348,717 | 373,137 | $1,016,464 | $3,993,398 | $578,239 | 243,439 |
| Florida | SDUD | 20061-20081 | 27,727 | 29,870 | $80,990 | $346,166 | $47,311 | - |
| Kentucky | State Claims | 19951-20051 | 257,052 | 276,248 | $910,963 | $3,194,157 | $640,018 | 139,353 |
| Kentucky | SMRF-MAX | 19941-19944 | 42,224 | 52,332 | $115,540 | $562,135 | $81,450 | 91 |
| Kentucky | SDUD | 20054-20081 | 21,715 | 27,565 | $69,568 | $314,787 | $48,325 | - |
| Kentucky | MSIS | 20052-20053 | 5,622 | 7,216 | $17,966 | $69,260 | $12,504 | 3,397 |
| Georgia | State Claims | 20004-20064 | 79,326 | 120,516 | $313,406 | $1,200,394 | $188,453 | 61,445 |
| Georgia | SMRF-MAX | 19941-20003 | 211,228 | 248,090 | $1,261,809 | $2,572,608 | $775,446 | 125,801 |
| Georgia | SDUD | 20071-20074 | 4,147 | 4,219 | $9,531 | $37,990 | $5,932 | - |
| Pennsylvania | State Claims | 19983-20071 | 84,659 | 93,338 | $325,867 | $992,674 | $176,977 | 52,995 |
| Pennsylvania | SMRF-MAX | 19941-19982 | 193,429 | 216,532 | $731,855 | $2,149,932 | $392,308 | 63,276 |
| Pennsylvania | SDUD | 20072-20081 | 6,000 | 6,106 | $17,346 | $58,996 | $9,407 | - |
| North Carolina | State Claims | 20011-20071 | 80,116 | 84,822 | $294,322 | $971,013 | $185,923 | 62,064 |
| North Carolina | SMRF-MAX | 19991-20004 | 33,626 | 36,402 | $124,234 | $422,523 | $77,916 | 23,905 |
| North Carolina | SDUD | 19941-19984,20072-20081 | 147,570 | 171,059 | $470,029 | $1,845,205 | $302,264 | - |
| Massachusetts | State Claims | 19963-20074 | 218,536 | 252,569 | $758,043 | $2,304,416 | $379,306 | 105,335 |
| Massachusetts | SDUD | 19941-19962,20081-20081 | 60,420 | 95,290 | $209,694 | $920,042 | $104,847 | - |
| Louisiana | State Claims | 19951-20014,20023-20073 | 203,166 | 220,896 | $680,770 | $2,719,885 | $483,610 | 57,125 |
| Louisiana | SMRF-MAX | 20021-20022 | 9,164 | 9,365 | $40,831 | $125,724 | $28,704 | 5,438 |
| Louisiana | SDUD | 19941-19944,20074-20081 | 22,501 | 29,202 | $47,926 | $313,750 | $35,025 | - |
| Michigan | State Claims | 20004-20072 | 59,157 | 72,440 | $143,667 | $607,948 | $81,279 | 35,094 |
| Michigan | SMRF-MAX | 19941-20003 | 197,221 | 226,160 | $414,595 | $1,772,374 | $231,531 | 66,566 |
| Michigan | SDUD | 20073-20081 | 3,708 | 3,899 | $8,695 | $33,020 | $5,012 | - |
| Virginia | State Claims | 20003-20064 | 35,705 | 36,808 | $144,905 | $422,321 | $74,465 | 23,557 |
| Virginia | SMRF-MAX | 19991-20002 | 13,590 | 20,269 | $53,396 | $156,928 | $27,570 | 11,297 |
| Virginia | SDUD | 19941-19984,20071-20081 | 100,113 | 114,554 | $345,259 | $1,152,135 | $175,644 | - |
| Wisconsin | State Claims | 19941-20054 | 79,101 | 120,696 | $205,035 | $1,204,281 | $120,923 | 58,260 |
| Wisconsin | SDUD | 20061-20081 | 5,864 | 6,187 | $7,524 | $67,004 | $4,331 | - |
| New Jersey | State Claims | 19941-20064 | 116,964 | 121,923 | $354,571 | $1,224,471 | $177,128 | 85,818 |
| New Jersey | SDUD | 20071-20081 | 2,124 | 2,176 | $4,465 | $22,805 | $2,232 | - |
| Sub-Total for First Fifteen States | | 19941-20081 | 6,106,747 | 7,824,658 | $18,565,944 | $77,168,544 | $10,314,800 | 2,930,903 |
| Sub-Total for Other 33 States & D.C. | | 19941-20081 | 2,534,093 | 3,226,143 | $8,251,384 | $32,841,379 | $5,244,308 | 928,746 |
| **Total for All 47 States & D.C.** | | **19941-20081** | **8,640,840** | **11,050,801** | **$26,817,328** | **$110,009,923** | **$15,559,108** | **3,859,649** |

**Table 29A: SMRF-MAX Spending and Utilization for Other 33 States and D.C.**

| State | Rank | Total Paid | Total Clms | 1994 | 1995 | 1996 | 1997 | 1998 | 1999 | 2000 | 2001 | 2002 | 2003 | 2004 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Missouri | 12 | $2,375,329 | 253,846 | $335,435 | $331,846 | $273,475 | $199,950 | $162,187 | $175,729 | $145,816 | $147,717 | $180,714 | $217,093 | $205,367 |
| Alabama | 14 | $1,163,385 | 102,620 | $218,946 | $221,137 | | | | $131,835 | $110,378 | $114,698 | $114,844 | $127,286 | $124,261 |
| West Virginia | 15 | $613,104 | 57,773 | | | | | | $127,994 | $105,995 | $98,415 | $96,960 | $99,812 | $83,928 |
| Washington | 16 | $1,599,395 | 175,554 | $322,941 | $233,245 | $177,952 | $148,364 | $120,919 | $106,372 | $100,324 | $103,817 | $95,530 | $97,958 | $91,973 |
| Indiana | 18 | $1,760,622 | 195,556 | $297,727 | $242,575 | $250,898 | $148,079 | $129,327 | $121,074 | $118,715 | $136,242 | $132,603 | $85,902 | $97,480 |
| Minnesota | 19 | $1,187,376 | 124,565 | $206,899 | $212,046 | $180,154 | $116,910 | $82,179 | $66,478 | $76,583 | $70,468 | $58,103 | $57,301 | $60,255 |
| South Carolina | 20 | $528,427 | 54,316 | | | | | | $98,025 | $83,164 | $94,303 | $74,051 | $98,812 | $80,072 |
| Arkansas | 21 | $1,229,607 | 99,987 | $107,939 | $100,860 | $127,699 | $125,170 | $101,837 | $102,570 | $86,665 | $112,325 | $130,631 | $120,606 | $113,305 |
| Tennessee | 22 | $1,156,910 | 117,263 | | | | | | | | | $207,937 | $518,488 | $430,485 |
| Iowa | 23 | $1,518,125 | 123,738 | $201,214 | $210,993 | $185,241 | $162,522 | $152,003 | $119,852 | $95,391 | $99,630 | $89,436 | $95,152 | $106,691 |
| Oklahoma | 25 | $535,899 | 59,505 | | | | | | $74,908 | $64,576 | $71,974 | $100,678 | $95,205 | $128,558 |
| Maine | 27 | $1,400,616 | 92,366 | $101,685 | $477,463 | $137,758 | $98,610 | $85,133 | $84,845 | $83,059 | $79,178 | $79,836 | $89,629 | $83,420 |
| Mississippi | 28 | $796,541 | 75,761 | $132,508 | $131,496 | $125,536 | $119,517 | $81,558 | $74,344 | $21,828 | | | $26,799 | $82,955 |
| Colorado | 29 | $954,278 | 88,355 | $140,344 | $150,353 | $141,658 | $106,384 | $76,094 | $77,321 | $52,883 | $48,690 | $43,729 | $55,163 | $61,659 |
| Connecticut | 30 | $182,133 | 16,141 | | | | | | $38,212 | $34,639 | $30,995 | $27,980 | $25,273 | $25,034 |
| Oregon | 31 | $287,038 | 25,322 | | | | | | $46,295 | $50,133 | $63,454 | $55,755 | $37,274 | $34,127 |
| Kansas | 32 | $837,790 | 80,649 | $115,777 | $123,592 | $113,168 | $92,206 | $72,939 | $67,584 | $54,519 | $55,739 | $48,961 | $45,609 | $47,696 |
| Utah | 33 | $628,923 | 51,399 | $96,953 | $107,633 | $82,447 | $66,444 | $60,977 | $45,607 | $34,083 | $34,552 | $33,871 | $30,783 | $35,573 |
| Maryland | 34 | $92,455 | 44,176 | | | | | | $18,779 | $15,607 | $15,376 | $14,075 | $14,967 | $13,651 |
| New Mexico | 35 | $386,540 | 60,152 | | | $136,546 | $91,848 | $35,823 | $17,656 | $15,804 | $19,958 | $26,329 | $22,850 | $19,726 |
| Nebraska | 36 | $248,856 | 22,249 | | | | | | $43,937 | $43,186 | $45,703 | $41,031 | $38,358 | $36,641 |
| Idaho | 37 | $406,494 | 31,025 | | | $63,187 | $54,314 | $41,689 | $39,259 | $40,678 | $46,862 | $42,964 | $41,303 | $36,238 |
| Montana | 38 | $411,452 | 38,271 | $55,537 | $56,938 | $54,770 | $43,183 | $41,833 | $34,135 | $26,941 | $24,859 | $25,506 | $26,116 | $21,634 |
| Vermont | 39 | $568,566 | 56,796 | $73,723 | $73,695 | $76,907 | $54,833 | $29,701 | $54,795 | $55,660 | $36,586 | $39,519 | $34,300 | $38,847 |
| New Hampshire | 40 | $419,911 | 39,866 | $54,883 | $62,090 | $65,086 | $46,438 | $40,685 | $34,825 | $29,805 | $24,869 | $20,986 | $22,418 | $17,826 |
| Nevada | 41 | $161,173 | 12,995 | | | | | | $23,654 | $21,973 | $23,198 | $28,784 | $36,976 | $26,588 |
| Hawaii | 42 | $113,482 | 36,549 | | | | | | $10,768 | $21,004 | $22,151 | $19,918 | $20,441 | $19,200 |
| Rhode Island | 43 | $52,297 | 5,205 | | $52,297 | | | | | | | | | |
| Alaska | 44 | $250,795 | 17,393 | $28,306 | $23,342 | $21,089 | $18,175 | $16,672 | $19,337 | $21,073 | $26,352 | $25,657 | $25,641 | $25,151 |
| Delaware | 45 | $257,406 | 24,449 | $28,940 | $36,544 | $41,696 | $30,294 | $26,177 | $21,874 | $17,268 | $15,902 | $13,560 | $13,265 | $11,886 |
| South Dakota | 46 | $93,669 | 6,971 | | | | | | $17,141 | $13,504 | $14,838 | $15,076 | $16,868 | $16,242 |
| North Dakota | 47 | $187,938 | 15,980 | $30,085 | $30,134 | $24,531 | $19,980 | $9,014 | $15,390 | $11,014 | $12,146 | $11,746 | $9,966 | $13,932 |
| Wyoming | 49 | $190,374 | 16,339 | $25,711 | $28,886 | $31,033 | $23,341 | $17,093 | $12,042 | $11,869 | $13,599 | $13,067 | $13,733 | |
| Total | - | $22,596,906 | 2,223,132 | $2,575,553 | $2,907,165 | $2,310,831 | $1,766,562 | $1,383,840 | $1,922,637 | $1,664,137 | $1,704,596 | $1,909,837 | $2,261,347 | $2,190,401 |

**Table 29B: SDUD Spending and Utilization for Remaining State-Years of Other 33 States and D.C.**

| State | Rank | Total Paid | Total Clms | 1994 | 1995 | 1996 | 1997 | 1998 | 1999 | 2000 | 2001 | 2002 | 2003 | 2004 | 2005 | 2006 | 2007 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Missouri | 12 | $231,673 | 14,538 | | | | | | | | | | | | $50,402 | $110,478 | $70,793 |
| Alabama | 14 | $620,541 | 55,880 | | | $195,153 | $164,749 | $76,298 | | | | | | | $38,674 | $93,838 | $51,830 |
| West Virginia | 15 | $1,164,548 | 124,217 | $243,783 | $255,253 | $303,716 | $190,332 | $89,357 | | | | | | | $12,478 | $36,636 | $32,993 |
| Washington | 16 | $91,288 | 7,639 | | | | | | | | | | | | $22,357 | $37,551 | $31,380 |
| Indiana | 18 | $93,057 | 9,257 | | | | | | | | | | | | $16,856 | $38,210 | $37,991 |
| Minnesota | 19 | $89,710 | 4,065 | | | | | | | | | | | | $16,868 | $35,957 | $36,885 |
| South Carolina | 20 | $720,249 | 71,994 | $129,776 | $141,980 | $165,940 | $86,983 | $87,245 | | | | | | | $20,840 | $48,665 | $38,820 |
| Arkansas | 21 | $145,986 | 12,894 | | | | | | | | | | | | $24,974 | $66,962 | $54,049 |
| Tennessee | 22 | $431,603 | 46,485 | $11,889 | | | | | $646 | $72,670 | $117,647 | $28,953 | | | | $118,224 | $81,574 |
| Iowa | 23 | $121,491 | 8,702 | | | | | | | | | | | | $22,717 | $53,455 | $45,319 |
| Oklahoma | 25 | $635,729 | 59,522 | $112,269 | $118,084 | $94,147 | $87,110 | $70,843 | | | | | | | $24,116 | $70,599 | $58,561 |
| Maine | 27 | $87,518 | 7,332 | | | | | | | | | | | | $17,023 | $43,530 | $26,965 |
| Mississippi | 28 | $399,227 | 36,528 | | | | | | | $55,557 | $103,801 | $96,440 | $52,303 | | $17,340 | $46,603 | $27,183 |
| Colorado | 29 | $77,197 | 8,116 | | | | | | | | | | | | $12,507 | $37,580 | $27,111 |
| Connecticut | 30 | $589,817 | 55,932 | $164,523 | $187,288 | $106,865 | $74,758 | $40,009 | | | | | | | $4,825 | $5,774 | $5,775 |
| Oregon | 31 | $458,198 | 42,674 | $148,420 | $115,599 | $84,013 | $47,796 | $29,489 | | | | | | | $6,625 | $14,960 | $11,297 |
| Kansas | 32 | $53,719 | 4,613 | | | | | | | | | | | | $12,269 | $24,747 | $16,702 |
| Utah | 33 | $51,800 | 4,303 | | | | | | | | | | | | $8,440 | $22,651 | $20,709 |
| Maryland | 34 | $548,291 | 54,149 | $161,964 | $154,827 | $148,822 | $60,718 | | | | | | | | $5,080 | $7,249 | $9,631 |
| New Mexico | 35 | $199,740 | 17,838 | $102,676 | $95,842 | | | | | | | | | | $1,222 | | |
| Nebraska | 36 | $342,665 | 37,230 | $74,373 | $68,898 | $53,854 | $57,460 | $41,462 | | | | | | | $8,368 | $21,396 | $16,854 |
| Idaho | 37 | $158,052 | 12,925 | $53,967 | $56,091 | | | | | | | | | | $7,483 | $22,288 | $18,225 |
| Montana | 38 | $26,744 | 1,896 | | | | | | | | | | | | $6,190 | $12,720 | $7,834 |
| Vermont | 39 | $11,366 | 977 | | | | | | | | | | | | $1,936 | $5,578 | $3,851 |
| New Hampshire | 40 | $20,327 | 2,173 | | | | | | | | | | | | $4,093 | $8,721 | $7,513 |
| Nevada | 41 | $169,774 | 14,209 | $39,278 | $37,923 | $28,842 | $10,732 | $24,839 | | | | | | | $6,993 | $16,549 | $4,617 |
| Hawaii | 42 | $196,494 | 19,596 | $75,485 | $13,467 | $22,987 | $26,685 | $23,144 | $10,894 | | | | | | $8,723 | $8,083 | $7,027 |
| Rhode Island | 43 | $258,667 | 26,921 | $57,653 | | $24,494 | $31,638 | $25,224 | $20,893 | $19,023 | $15,636 | $16,107 | $14,560 | $13,897 | $12,511 | $4,029 | $3,002 |
| Alaska | 44 | $45,988 | 2,290 | | | | | | | | | | | | $5,528 | $23,548 | $16,912 |
| Delaware | 45 | $20,142 | 1,912 | | | | | | | | | | | | $2,020 | $9,256 | $8,865 |
| South Dakota | 46 | $125,294 | 10,862 | $28,856 | $23,455 | $24,377 | $23,622 | $11,918 | | | | | | | $3,523 | $9,543 | |
| North Dakota | 47 | $15,002 | 1,204 | | | | | $4,263 | | | | | | | $2,252 | $4,929 | $3,558 |
| District of Columbia | 48 | $183,420 | 17,084 | $38,988 | $36,504 | $27,104 | $25,270 | $14,886 | $9,917 | $6,700 | $5,816 | $4,799 | $4,243 | $3,129 | $1,025 | $3,226 | $1,814 |
| Wyoming | 49 | $17,323 | 1,323 | | | | | | | | | | | | $2,952 | $9,045 | $5,326 |
| Total | - | $8,402,639 | 797,280 | $1,443,899 | $1,305,209 | $1,280,315 | $887,851 | $538,979 | $42,350 | $153,950 | $242,900 | $146,298 | $71,106 | $17,026 | $409,209 | $1,072,580 | $790,968 |

**Table 29C: MSIS Spending and Utilization for Remaining State-Years of Other 33 States and D.C.**

| State | Rank | Total Paid | Total Clms | 1997 | 1998 | 2002 | 2004 | 2005 |
|---|---|---|---|---|---|---|---|---|
| Missouri | 12 | $154,249 | 15,486 | | | | | $154,249 |
| Alabama | 14 | $139,754 | 12,904 | | $41,907 | | | $97,847 |
| West Virginia | 15 | $97,850 | 11,310 | | $52,531 | | | $45,319 |
| Washington | 16 | $67,033 | 7,331 | | | | | $67,033 |
| Indiana | 18 | $55,078 | 10,650 | | | | | $55,078 |
| Minnesota | 19 | $34,559 | 4,779 | | | | | $34,559 |
| South Carolina | 20 | $58,914 | 5,958 | | | | | $58,914 |
| Arkansas | 21 | $79,741 | 6,575 | | | | | $79,741 |
| Tennessee | 22 | $383,477 | 46,629 | | | $149,496 | | $233,981 |
| Iowa | 23 | $65,436 | 5,602 | | | | | $65,436 |
| Oklahoma | 25 | $80,717 | 9,988 | | | | | $80,717 |
| Maine | 27 | $53,460 | 4,369 | | | | | $53,460 |
| Mississippi | 28 | $53,544 | 6,380 | | | | | $53,544 |
| Colorado | 29 | $47,416 | 4,012 | | | | | $47,416 |
| Connecticut | 30 | $30,445 | 2,794 | | $11,289 | | | $19,156 |
| Oregon | 31 | $33,975 | 3,127 | | $10,667 | | | $23,308 |
| Kansas | 32 | $33,963 | 3,671 | | | | | $33,963 |
| Utah | 33 | $25,219 | 2,651 | | | | | $25,219 |
| Maryland | 34 | $106,810 | 16,076 | $18,512 | $78,307 | | | $9,991 |
| New Mexico | 35 | $12,005 | 2,722 | | | | | $12,005 |
| Nebraska | 36 | $37,725 | 3,807 | | $14,163 | | | $23,562 |
| Idaho | 37 | $28,356 | 2,032 | | | | | $28,356 |
| Montana | 38 | $17,601 | 1,508 | | | | | $17,601 |
| Vermont | 39 | $22,358 | 1,822 | | | | | $22,358 |
| New Hampshire | 40 | $7,437 | 911 | | | | | $7,437 |
| Nevada | 41 | $24,510 | 2,285 | | $6,658 | | | $17,852 |
| Hawaii | 42 | $12,618 | 3,862 | | | | | $12,618 |
| Alaska | 44 | $18,016 | 1,080 | | | | | $18,016 |
| Delaware | 45 | $9,064 | 871 | | | | | $9,064 |
| South Dakota | 46 | $17,313 | 1,534 | | $5,774 | | | $11,539 |
| North Dakota | 47 | $7,116 | 645 | | | | | $7,116 |
| District of Columbia | 48 | $2,810 | 275 | | | | | $2,810 |
| Wyoming | 49 | $23,266 | 2,085 | | | | $13,183 | $10,083 |
| Total | - | $1,841,835 | 205,731 | $18,512 | $221,296 | $149,496 | $13,183 | $1,439,348 |

**Table 30A: Medicaid Summary for Next 17 States**

| State | Source | Time Period | # Clms w/DIFF>0 | # Claims | Aggregate DIFF | Total MCD Paid | Federal DIFF | # Ph Payments |
|---|---|---|---|---|---|---|---|---|
| Missouri | SMRF-MAX | 19941-20044 | 179,865 | 253,846 | $543,261 | $2,375,329 | $330,201 | 61,825 |
| Missouri | SDUD | 20054-20073 | 12,562 | 14,538 | $43,228 | $231,673 | $26,715 | - |
| Missouri | MSIS | 20051-20053 | 5,502 | 15,486 | $22,660 | $154,249 | $13,857 | 3,288 |
| Alabama | SMRF-MAX | 19941-19954,19991-20044 | 88,696 | 102,620 | $282,637 | $1,163,385 | $199,713 | 37,053 |
| Alabama | SDUD | 19961-19982,20054-20073 | 46,769 | 55,880 | $132,730 | $620,541 | $92,226 | - |
| Alabama | MSIS | 19983-19984,20051-20053 | 11,546 | 12,904 | $36,348 | $139,754 | $25,580 | 6,816 |
| West Virginia | SMRF-MAX | 19991-20044 | 53,893 | 57,773 | $191,118 | $613,104 | $144,308 | 21,680 |
| West Virginia | SDUD | 19941-19982,20054-20074 | 102,950 | 124,217 | $276,988 | $1,164,547 | $204,260 | - |
| West Virginia | MSIS | 19983-19984,20051-20053 | 9,575 | 11,310 | $30,256 | $97,850 | $22,522 | 4,300 |
| Washington | SMRF-MAX | 19941-20044 | 152,662 | 175,554 | $414,912 | $1,599,395 | $214,361 | 73,844 |
| Washington | SDUD | 20054-20074 | 6,527 | 7,639 | $15,144 | $91,288 | $7,591 | - |
| Washington | MSIS | 20051-20053 | 3,383 | 7,331 | $11,263 | $67,033 | $5,632 | 2,476 |
| Indiana | SMRF-MAX | 19941-20044 | 146,188 | 195,556 | $430,397 | $1,760,622 | $268,659 | 72,719 |
| Indiana | SDUD | 20054-20074 | 8,016 | 9,257 | $17,577 | $93,057 | $11,039 | - |
| Indiana | MSIS | 20051-20053 | 5,260 | 10,650 | $15,503 | $55,078 | $9,733 | 4,081 |
| Minnesota | SMRF-MAX | 19941-20044 | 75,924 | 124,565 | $272,632 | $1,187,376 | $144,543 | 32,791 |
| Minnesota | SDUD | 20054-20074 | 3,502 | 4,065 | $14,268 | $89,710 | $7,134 | - |
| Minnesota | MSIS | 20051-20053 | 1,955 | 4,779 | $5,816 | $34,559 | $2,908 | 1,586 |
| South Carolina | SMRF-MAX | 19991-20044 | 50,698 | 54,316 | $161,480 | $528,427 | $113,783 | 37,166 |
| South Carolina | SDUD | 19941-19984,20054-20074 | 59,121 | 71,994 | $159,476 | $720,249 | $112,366 | - |
| South Carolina | MSIS | 20051-20053 | 5,200 | 5,958 | $15,216 | $58,914 | $10,635 | 4,113 |
| Arkansas | SMRF-MAX | 19941-20044 | 88,499 | 99,987 | $337,204 | $1,229,607 | $248,939 | 53,140 |
| Arkansas | SDUD | 20054-20074 | 11,222 | 12,894 | $29,198 | $145,986 | $21,485 | - |
| Arkansas | MSIS | 20051-20053 | 6,011 | 6,575 | $21,622 | $79,741 | $16,162 | 4,423 |
| Tennessee | SMRF-MAX | 20022-20023,20031-20044 | 65,763 | 117,263 | $212,580 | $1,156,910 | $139,249 | 23,944 |
| Tennessee | SDUD | 19941-20021,20061-20073 | 42,383 | 46,485 | $111,699 | $431,603 | $71,254 | - |
| Tennessee | MSIS | 20024-20024,20051-20053 | 33,664 | 46,629 | $100,444 | $383,477 | $65,028 | 20,843 |
| Iowa | SMRF-MAX | 19941-20044 | 104,166 | 123,738 | $419,703 | $1,518,125 | $266,560 | 50,941 |
| Iowa | SDUD | 20054-20074 | 7,575 | 8,702 | $22,392 | $121,491 | $14,084 | - |
| Iowa | MSIS | 20051-20053 | 4,752 | 5,602 | $18,712 | $65,436 | $11,891 | 2,866 |
| Oklahoma | SMRF-MAX | 19991-20044 | 41,105 | 59,505 | $160,171 | $535,899 | $114,319 | 29,220 |
| Oklahoma | SDUD | 19941-19984,20054-20074 | 48,683 | 59,522 | $129,950 | $635,729 | $90,535 | - |
| Oklahoma | MSIS | 20051-20053 | 8,394 | 9,988 | $24,517 | $80,717 | $17,206 | 5,455 |
| Maine | SMRF-MAX | 19941-20044 | 81,854 | 92,366 | $413,924 | $1,400,616 | $268,480 | 40,989 |
| Maine | SDUD | 20054-20073 | 6,257 | 7,332 | $14,750 | $87,518 | $9,299 | - |
| Maine | MSIS | 20051-20053 | 3,913 | 4,369 | $12,166 | $53,460 | $7,894 | 2,823 |
| Mississippi | SMRF-MAX | 19941-20001,20034-20044 | 63,020 | 75,761 | $173,408 | $796,541 | $135,364 | 31,622 |
| Mississippi | SDUD | 20002-20033,20054-20073 | 34,206 | 36,528 | $117,557 | $399,227 | $90,099 | - |
| Mississippi | MSIS | 20051-20053 | 5,406 | 6,380 | $16,376 | $53,544 | $12,622 | 3,946 |
| Colorado | SMRF-MAX | 19941-20044 | 74,883 | 88,355 | $245,122 | $954,278 | $127,040 | 34,438 |
| Colorado | SDUD | 20054-20074 | 7,104 | 8,116 | $16,021 | $77,197 | $8,010 | - |
| Colorado | MSIS | 20051-20053 | 3,700 | 4,012 | $13,036 | $47,416 | $6,518 | 2,472 |
| Connecticut | SMRF-MAX | 19991-20044 | 15,099 | 16,141 | $56,494 | $182,133 | $28,464 | 10,695 |
| Connecticut | SDUD | 19941-19983,20054-20074 | 46,731 | 55,932 | $143,359 | $589,817 | $71,679 | - |
| Connecticut | MSIS | 19984-19984,20051-20053 | 2,530 | 2,794 | $7,979 | $30,445 | $3,990 | 1,778 |
| Oregon | SMRF-MAX | 19991-20044 | 23,507 | 25,322 | $89,587 | $287,038 | $54,098 | 18,822 |
| Oregon | SDUD | 19941-19983,20054-20074 | 35,558 | 42,674 | $110,418 | $458,198 | $68,039 | - |
| Oregon | MSIS | 19984-19984,20051-20053 | 2,774 | 3,127 | $8,919 | $33,975 | $5,433 | 2,285 |
| Kansas | SMRF-MAX | 19941-20044 | 62,128 | 80,649 | $216,776 | $837,790 | $129,722 | 19,174 |
| Kansas | SDUD | 20054-20074 | 4,082 | 4,613 | $10,902 | $53,719 | $6,575 | - |
| Kansas | MSIS | 20051-20053 | 2,977 | 3,671 | $9,628 | $33,963 | $5,874 | 2,223 |
| Sub-Total | | 19941-20074 | 1,967,741 | 2,475,270 | $6,357,523 | $25,607,736 | $4,083,680 | 725,837 |

**Table 30B: Medicaid Summary for Next 16 States and D.C**

| State | Source | Time Period | # Clms w/DIFF>0 | # Claims | Aggregate DIFF | Total MCD Paid | Federal DIFF | # Ph Payments |
|---|---|---|---|---|---|---|---|---|
| Utah | SMRF-MAX | 19941-20044 | 44,459 | 51,399 | $170,542 | $628,923 | $123,801 | 22,630 |
| Utah | SDUD | 20054-20074 | 3,811 | 4,303 | $10,542 | $51,800 | $7,439 | - |
| Utah | MSIS | 20051-20053 | 2,180 | 2,651 | $7,457 | $25,219 | $5,379 | 1,610 |
| Maryland | SMRF-MAX | 19991-20044 | 11,704 | 44,176 | $26,064 | $92,455 | $13,165 | 9,795 |
| Maryland | SDUD | 19941-19972,20054-20074 | 44,466 | 54,149 | $122,736 | $548,291 | $61,368 | - |
| Maryland | MSIS | 19973-19984,20051-20053 | 10,962 | 16,076 | $27,481 | $106,810 | $13,741 | 1,908 |
| New Mexico | SMRF-MAX | 19961-20044 | 29,022 | 60,152 | $110,315 | $386,540 | $80,873 | 16,708 |
| New Mexico | SDUD | 19941-19954,20054-20054 | 13,405 | 17,838 | $40,038 | $199,740 | $29,387 | - |
| New Mexico | MSIS | 20051-20053 | 935 | 2,722 | $3,477 | $12,005 | $2,583 | 559 |
| Nebraska | SMRF-MAX | 19991-20044 | 20,748 | 22,249 | $78,129 | $248,856 | $47,416 | 16,001 |
| Nebraska | SDUD | 19941-19983,20054-20074 | 30,955 | 37,230 | $80,159 | $342,665 | $48,283 | - |
| Nebraska | MSIS | 19984-19984,20051-20053 | 3,372 | 3,807 | $10,285 | $37,725 | $6,216 | 2,594 |
| Idaho | SMRF-MAX | 19961-20044 | 28,068 | 31,025 | $124,882 | $406,494 | $87,782 | 12,987 |
| Idaho | SDUD | 19941-19954,20054-20074 | 10,419 | 12,925 | $33,859 | $158,052 | $23,736 | - |
| Idaho | MSIS | 20051-20053 | 1,856 | 2,032 | $7,132 | $28,356 | $5,037 | 1,411 |
| Montana | SMRF-MAX | 19941-20044 | 33,198 | 38,271 | $117,906 | $411,452 | $84,187 | 13,140 |
| Montana | SDUD | 20054-20073 | 1,643 | 1,896 | $4,776 | $26,744 | $3,344 | - |
| Montana | MSIS | 20051-20053 | 1,275 | 1,508 | $4,580 | $17,601 | $3,293 | 885 |
| Vermont | SMRF-MAX | 19941-20044 | 48,946 | 56,796 | $161,608 | $568,566 | $99,959 | 26,384 |
| Vermont | SDUD | 20054-20073 | 843 | 977 | $2,079 | $11,366 | $1,220 | - |
| Vermont | MSIS | 20051-20053 | 1,539 | 1,822 | $5,256 | $22,358 | $3,159 | 1,104 |
| New Hampshire | SMRF-MAX | 19941-20044 | 34,718 | 39,866 | $125,781 | $419,911 | $63,101 | 17,128 |
| New Hampshire | SDUD | 20054-20074 | 1,888 | 2,173 | $3,512 | $20,327 | $1,756 | - |
| New Hampshire | MSIS | 20051-20053 | 771 | 911 | $1,795 | $7,437 | $898 | 554 |
| Nevada | SMRF-MAX | 19991-20044 | 12,186 | 12,995 | $49,727 | $161,173 | $26,029 | 8,798 |
| Nevada | SDUD | 19941-19963,19973-19983,20054-20071 | 11,568 | 14,209 | $36,696 | $169,774 | $18,637 | - |
| Nevada | MSIS | 19984-19984,20051-20053 | 1,997 | 2,285 | $7,128 | $24,510 | $3,855 | 1,512 |
| Hawaii | SMRF-MAX | 19993-20044 | 9,490 | 36,549 | $31,231 | $113,482 | $17,479 | 6,695 |
| Hawaii | SDUD | 19941-19992,20053-20074 | 16,556 | 19,596 | $41,387 | $196,494 | $20,995 | - |
| Hawaii | MSIS | 20051-20052 | 973 | 3,862 | $2,965 | $12,618 | $1,734 | 588 |
| Rhode Island | SMRF-MAX | 19951-19954 | 4,364 | 5,205 | $12,657 | $52,297 | $6,972 | 1,819 |
| Rhode Island | SDUD | 19941-19944,19962-20073 | 23,847 | 26,921 | $69,131 | $258,667 | $37,546 | - |
| Alaska | SMRF-MAX | 19941-20044 | 14,844 | 17,393 | $59,886 | $250,795 | $33,238 | 9,078 |
| Alaska | SDUD | 20054-20074 | 1,905 | 2,290 | $6,719 | $45,988 | $3,856 | - |
| Alaska | MSIS | 20051-20053 | 932 | 1,080 | $4,121 | $18,016 | $2,373 | 620 |
| Delaware | SMRF-MAX | 19941-20044 | 21,534 | 24,449 | $68,056 | $257,406 | $34,189 | 6,486 |
| Delaware | SDUD | 20054-20074 | 1,645 | 1,912 | $3,386 | $20,142 | $1,695 | - |
| Delaware | MSIS | 20051-20053 | 780 | 871 | $2,063 | $9,064 | $1,039 | 619 |
| South Dakota | SMRF-MAX | 19991-20044 | 6,458 | 6,971 | $28,874 | $93,669 | $19,484 | 4,967 |
| South Dakota | SDUD | 19941-19983,20054-20064 | 8,619 | 10,862 | $28,180 | $125,294 | $18,861 | - |
| South Dakota | MSIS | 19984-19984,20051-20053 | 1,318 | 1,534 | $4,783 | $17,313 | $3,197 | 952 |
| North Dakota | SMRF-MAX | 19941-19974,19983-20044 | 13,345 | 15,980 | $48,322 | $187,938 | $33,622 | 6,710 |
| North Dakota | SDUD | 19981-19982,20054-20074 | 1,039 | 1,204 | $3,155 | $15,002 | $2,122 | - |
| North Dakota | MSIS | 20051-20053 | 520 | 645 | $1,744 | $7,116 | $1,177 | 371 |
| District of Columbia | SDUD | 19941-20044,20054-20073 | 14,495 | 17,084 | $40,866 | $183,420 | $16,863 | - |
| District of Columbia | MSIS | 20051-20053 | 239 | 275 | $634 | $2,810 | $444 | 193 |
| Wyoming | SMRF-MAX | 19941-20034 | 13,642 | 16,339 | $51,691 | $190,374 | $32,270 | 6,872 |
| Wyoming | SDUD | 20054-20073 | 1,153 | 1,323 | $3,359 | $17,323 | $1,803 | - |
| Wyoming | MSIS | 20041-20053 | 1,722 | 2,085 | $6,707 | $23,266 | $4,025 | 1,231 |
| Sub-Total | | 19941-20074 | 566,353 | 750,873 | $1,893,861 | $7,233,643 | $1,160,627 | 202,909 |